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ABSTRACT

This guide seeks improvement in group home management, especially community-based residential facilities for juvenile offenders. Primary organizational considerations include structure, communication lines and decision making. The role of the Board of Directors is explored from initial selection through definition of the program directors role. Similarly, staff topics range from recruitment through training, supervision and evaluation. Resident management involves admission and intake, treatment and its monitoring, acceptable behavior maintenance, outside services, resident record-keeping and confidentiality. Financial aspects are summarized, from accounting methods to grant money management. Community relations efforts are described, and call for involvement, attitude surveying, volunteer training, publicity and advocacy. Maintenance and operations are delineated, and focus on safety and legal codes, building standards, insurance, housekeeping, and food. Program monitoring and evaluation methods complete the guide. (Author/LS)

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ED176155

GROUP HOME MANAGEMENT

Prepared For

The Office of Juvenile Justice
and Delinquency Prevention

The Law Enforcement Assistance Administration

U.S. Department of Justice

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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MARCH, 1979

FOREWORD

The Office of Juvenile Justice and Delinquency Prevention seeks to bring about the increased use of community-based services as alternatives to the institutionalization of youth in the juvenile justice system. Too many of our youth are placed in large, impersonal facilities miles from family and community simply because adequate local facilities do not exist. The Office is committed to the belief that a youth's family and aspects of his community are invaluable resources in his positive growth.

For those youth who cannot be returned to their home, but who need not be placed in a secure setting, there is a great need for local group home programs. Group homes combine the advantages of a family-living atmosphere, access to services and resources in the community, and low cost relative to institutions. Unfortunately, group homes must continuously struggle with inadequate funding. This struggle can be made significantly easier through improved management; not only financial management, but also the management of all aspects of group home operations.

Of course, the most desirable aspect of improved group home management is the accompanying increase in effective services to youth. This manual's primary purpose is to help group homes increase the ability to assist youth in the most beneficial and effective manner. It is offered in the spirit of providing a just and enlightening environment for all our children.

David D. West

David D. West
Acting Associate Administrator
Office of Juvenile Justice and
Delinquency Prevention

TABLE OF CONTENTS

INTRODUCTION — Page

CHAPTER I - PROGRAM ORGANIZATION 1

- Organizing Tasks 1
- Communication Lines 5
- Making Decisions 6

CHAPTER II - BOARD OF DIRECTORS 9

- Choosing Board Members 10
- The Program Directors' Role 13

CHAPTER III - PERSONNEL 15

- Finding New Personnel 16
- Supervising and Evaluating Employees 17
- Evaluating the Program Director 22
- Training the Staff 22

CHAPTER IV - MANAGING RESIDENTS 29

- Admission and Intake 29
- Admitting New Residents 31
- Intake Tasks 34
- Treating Residents 36
- How to Monitor Treatment 40
- Maintaining Acceptable Behavior 42
- Services Outside the Home 44
- Resident Records 46
- Keeping Records Confidential 54

CHAPTER V - FINANCES 55

- Planning and Budgeting 55
- Accounting Methods 59'
- Managing Grant Money 62

CHAPTER VI - COMMUNITY RELATIONS 65

- How Much Involvement? 65
- Gauging Community Attitudes 67
- Approaching the Community 68
- Utilizing the Community 69
  - Volunteer Support 69
  - Speaking to the Community 71
- Publicize Your Work 72
- Advocacy in the Community 73
  - Coalitions 75

Page

CHAPTER VII - MAINTENANCE AND OPERATIONS 77

Safety and Legal Codes 77
Building Standards 78
Insurance Needs 79
Housekeeping 80
Food 80

CHAPTER VIII - PLANNING FOR IMPROVED SERVICES 83

Program Monitoring 83
Need for Program Objectives 86
Monitoring Sessions to Chart Progress 90

Program Evaluation: 92
Initial Steps 92
In-Depth 95
Putting Results to Work 96

FIGURES

Page

I - 1 Organization Chart 3
I - 2 Organization Chart 4

II - 1 Board Composition Analysis 12

III - 1 Residential Counselor Daily Report 19
III - 2 Staff Schedule 27

IV - 1 Admission/Intake Flow Chart 30
IV - 2 Records Checklist 51
IV - 3 Records Review Sheet 52

VIII - 1 Staff Activity Grid 87
VIII - 2 Objective Chart 88
VIII - 3 List of Objectives 89
VIII - 4 Gantt Chart 91

APPENDICES

		Page
A:	Board of Directors Assessment Form	99
B-1:	Personnel Policies	105
B-2:	Employee Evaluation Form	119
B-3:	Employee Evaluation Form	125
C-1:	Initial Contact Form	129
C-2:	Authorization for Medical Treatment and Participation in Program Activities	131
C-3:	Intake Interview Form and Checklist	133
C-4:	Family Diagnostic Interview	141
C-5:	Medical History and Physical Examination Record and Checklist	145
C-6:	Resident's Agreement	153
C-7:	Treatment Plan/Contract	155
C-8:	Descriptive Treatment Plan	157
C-9:	Case Note Forms	161
C-10:	Current Resident Questionnaire	163
C-11:	Former Resident Questionnaire	171
C-12:	Aftercare Needs Assessment	181
C-13:	Resident Referral Form	183
D:	In-Depth Evaluation	185

INTRODUCTION

Group homes, as an alternative to more formal, institutional care, have proliferated over the last two decades. This has been in response to a number of pressures and concerns:

- A desire to provide residents with more personalized care
- A belief that services provided in residents' communities will ease their reintegration to society
- A need to reduce expenditures for residential care -- group homes are considerably less expensive to operate than institutions.

Group homes have been established to address myriad needs -- mental health, drug and alcohol abuse, wife battering, as well as adult and juvenile justice problems. Still, while the needs that these programs address remain acute, many group homes have not been able to establish themselves and become viable, ongoing concerns. There are many reasons for the failure of group homes, not the least of which is poor management. This manual is designed to address that shortcoming. While it is intended for group homes for juvenile offenders, the ideas and information should be applicable to all group homes, despite their focus or target population.

To limit the manual to a manageable and practical size, we define group homes as a community-based residential facility employing staff and providing services for the purpose of the shelter and care of individuals in need. More specifically, this manual addresses operating group homes with the following characteristics:

- Purposes range from providing shelter and food to improving client's educational and/or vocational well-being to treating social and/or emotional maladjustment.
- Residents usually number from 5 to 12 although less than 5 or more than 12 might be accommodated. Age and sex of residents vary. Some homes work with offenders, others with non-offenders; still others work with both. Resident needs vary from custodial (a place to crash) to educational and/or vocational services to guidance and counseling.
- Services are provided on three levels: basic services such as shelter, food, and transportation; intermediate services such as crisis intervention counseling, educational, vocational, and/or recreational services in addition to shelter; more intensive services such as counseling and guidance aimed at improving the individual's ability to function as a contributing member of society.

- Staff are hired as employees, and paid for services provided by the group home or its parent agency.

- Funding for the group home is either private, publicly supported, or supported by a combination of both. The group home can be either a public or private, non-profit or profit-making organization.

Presented in this manual are techniques and procedures which group home administrators, program managers, and staff can adopt to improve the overall operation of the home. It is hoped that these ideas will lead to better services for youth and long term viability for group homes.

Chapter I

PROGRAM ORGANIZATION

Organizing a group home for effective program operation is a function of management. Management's task it to maintain an organizational structure that supports and enhances program goals and objectives. As such, management performs three basic functions in organizing:

- Defining and assigning purpose, function, and responsibility
- Establishing and maintaining lines of authority and formal and informal communication
- Devising and maintaining methods and procedures to implement the decision-making process.

In fulfilling these functions the manager should consider these steps:

1. Arrange similar activities in organizational units (e.g., volunteer tutoring, counseling, and recreation activities into a volunteer program).
2. Define roles and responsibilities of staff involved in unit activities.
3. Designate person who will be responsible for unit operation.
4. Define performance standards for each unit (see Chapter VIII).
5. Establish processes for monitoring and evaluating unit performance (see Chapter VIII).
6. Establish procedures for organizational units to coordinate their efforts (e.g., staff meetings).
7. Define a decision-making process (there may be one generic process for the entire group home or there may be several corresponding to various organizational units). Consider who is involved how decisions are made, and what type of information is needed.
8. Set-up formal or informal means of communication to enhance the effectiveness of decision-making.

Organizing Tasks

A large part of organizing involves the internal structure of each unit, which should be organized according to function. Ask yourself, "What does this program unit do?", and then create the best structure for its purpose. For instance, if a drug abuse treatment unit include drug counseling and therapy, medical care, methadone maintenance, living, and job placement, it may be beneficial to divide the unit into the operational stages of basic medical care, methadone maintenance and therapy, and placement with follow-up elements.

An established group home frequently has problems in w/a staff organization that contributes to poor unit performance. These problems are created by staff performing activities that are not anticipated in the original organization of the program. While involved in these unplanned activities, staff cannot adequately perform their original assigned tasks, thus, the unit performs poorly. However, many of the unanticipated activities may be necessary because of changes in the program and/or staff. For instance, a group home may find that its tutoring aids fewer clients than anticipated. Tutors may actually be spending class time on teaching job finding skills.

In order to decide whether or not these new activities are necessary, and what type of reorganization may be needed to incorporate them into the program structure, it is necessary to know exactly what staff is doing and why. Have each staff member keep a record during each shift for two weeks, of their activities and the time they spend on each. (See the activities grid in Chapter VIII under the section of Program Monitoring.) Next, decide which of the unanticipated activities are necessary due to changes in the program, the clients, and/or staff. While some are necessary and should be maintained, others may be the result of insufficient supervision and/or staff members' confusion about their roles and responsibilities. Once it is decided which activities are necessary they may be formally incorporated into their own organizational unit (e.g., job skills training and career awareness) or be included in an existing unit (e.g., maintain job funding preparation as a part of the in-house education program).

Another important function of organizing is arranging units in an overall structure so that the programs operate smoothly and efficiently. The most important characteristic of such an arrangement is (clearly and distinctly drawn) lines of authority and communication. These lines should be defined in detail in your program's policies and procedures. The simplest way of making these lines distinct is to draw-up an organization chart. Two types of charts are helpful to an organizing effort in a group home. The first shows the positions of each unit in the overall hierarchy. The second details the relationships of all employee positions. Examples of these charts are included in figures I-1 and I-2. An accompanying description should include: 1) an explanation of relationships between units, including relative positioning, formal means of communication, coordinated activities, and joint responsibilities; 2) an explanation of the relationships between employee positions including lines of responsibility, coordination between positions, and both formal and informal means of communication.

11

Figure I-1

Organization Chart

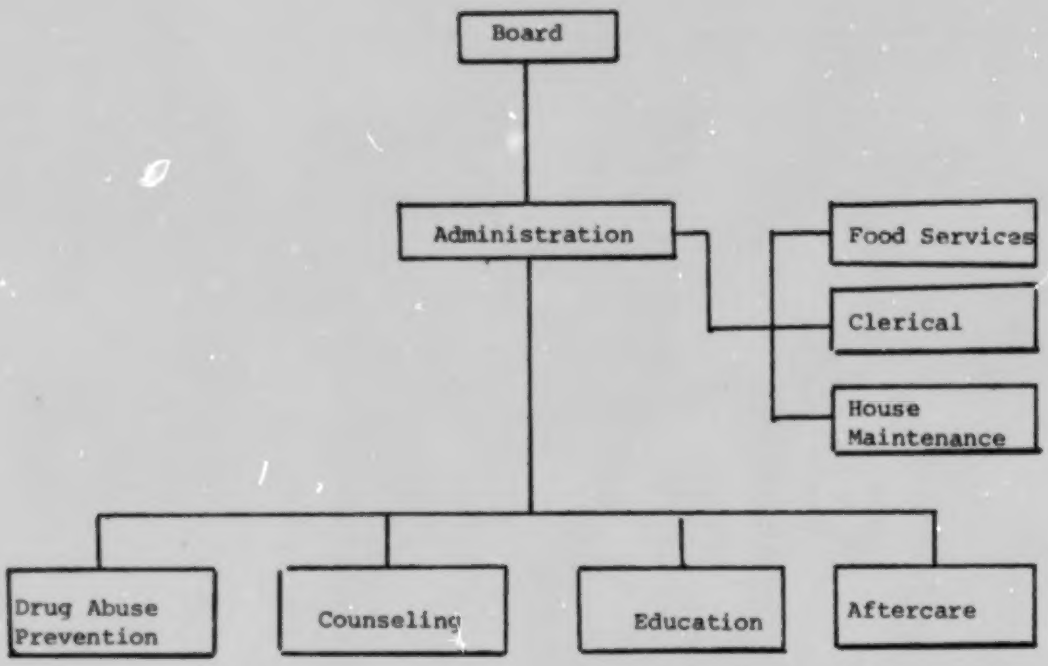
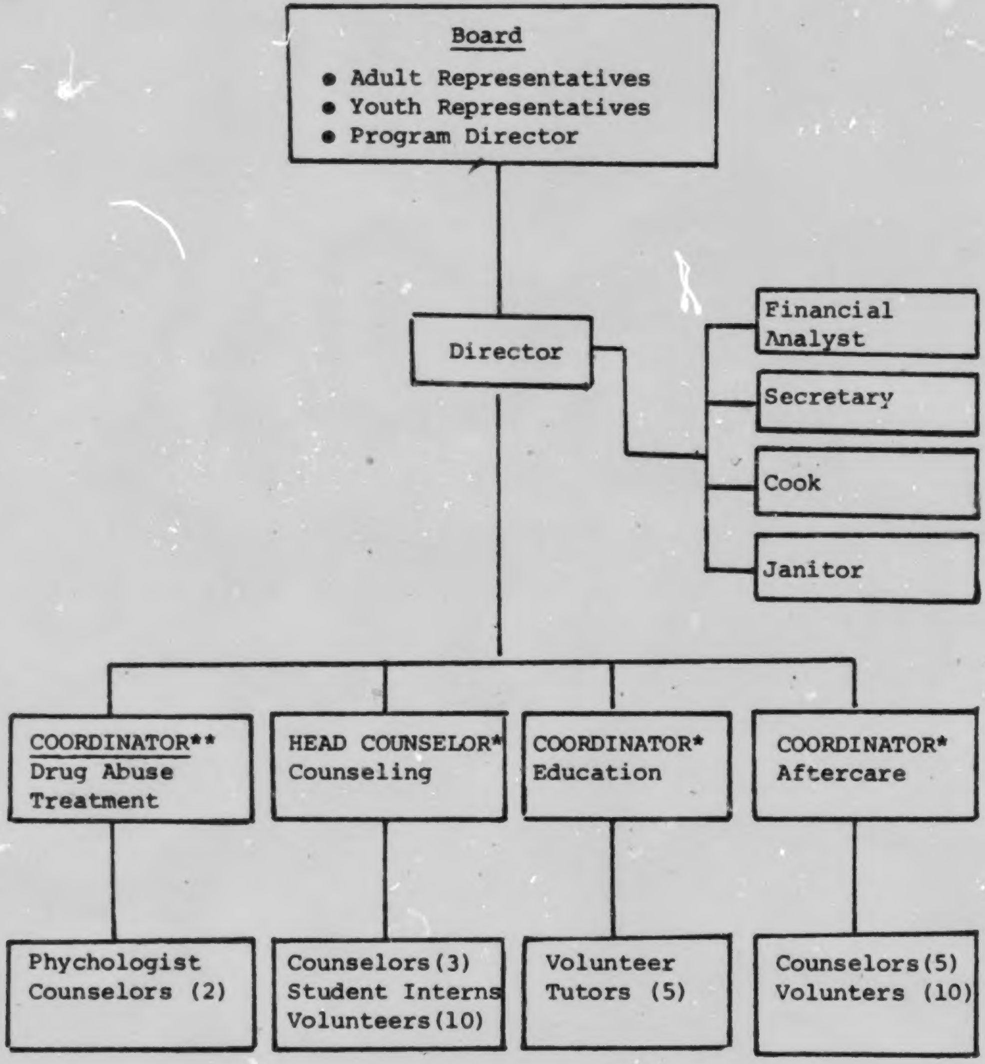

Board
Administration
Food Services
Clerical
House Maintenance
Drug Abuse Prevention
Counseling
Education
Aftercare

Figure I-2

Organization Chart


Board
● Adult Representatives
● Youth Representatives
● Program Director
Director
Financial Analyst
Secretary
Cook
Janitor
COORDINATOR** Drug Abuse Treatment
HEAD COUNSELOR* Counseling
COORDINATOR* Education
COORDINATOR* Aftercare
Phychologist Counselors (2)
Counselors (3) Student Interns Volunteers (10)
Volunteer Tutors (5)
Counselors (5) Volunters (10)

* MEMBER OF PROGRAM COORDINATING COMMITTEE

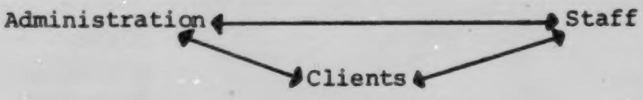
Organization charts and accompanying explanations are excellent aids for anyone attempting to understand the organization of the group home. Although defined on charts and in policies actual lines of authority and communication may change, especially in organizations such as group homes. If the home is to remain responsive to the changing needs of its clients and staff and adaptable to the crisis it faces daily then lines of authority and communication must actually encourage communication and coordination.

In most group homes overuse of authority stiffens the organizational structure and lessens the program's ability to respond to resident and community needs. It also cuts down on the initiatives a staff will undertake and consequently reduces productivity.

Communication Lines: Formal and Informal

Communication between everyone involved in group home operations is the primary means of preventing organizational rigidity. Communication includes both a formal and informal exchange of ideas, needs, and dissatisfactions.

On a formal level, lines of communication should parallel lines of authority. These lines can serve as important channels for feedback on decisions and also for ideas and/or complaints. Formal communication should be established between administration and staff, administration and clients, and of course, staff and clients. The information flow is both to and from each party. The following diagram expresses this relationship best.



These lines or channels do not guarantee that communication will take place. Management must take deliberate steps to assure productive information sharing. It must encourage discussion of program strengths and weaknesses, ideas which may contribute to a better program, and complaints, dissatifactions, and fears. Such discussion takes place only if management initiates and encourages it. This role should be handled carefully because ideas presented at the wrong time and place usually go unnoticed and complaints presented in the wrong situation often lead to conflict. Management should establish formal mechanisms for productively sharing information. These include:

- Weekly consultation between supervisors and staff on a one-to-one basis. The supervisor should do more listening than talking and seek to establish trust.

- Regular meetings, perhaps one every three months, between the group home director(s) and staff on a one-to-one basis.

- Weekly meetings including all program staff to discuss overall program issues and each program unit's relationship to the program.

- Weekly meetings between residents and selected staff to discuss the program from the residents' perspectives.

- Regular meetings, perhaps one a month, between residents and the program director(s) to discuss the program.

Steps should be taken to assure that such meetings are productive. Residents and staff should know that they are for their benefit. Second, the meetings must be as structured as possible -- agendas could be required. Third, it must be clear that these meetings are not meant to supplant informal meetings and communication. Finally, and perhaps most important, the results of these meetings need to be reflected in program changes. Nothing can cause a loss of interest in such meetings faster than a lack of results from the information sharing.

Informal communication is as important as formal communication. Informal exchanges can be encouraged by (1) staff and administrators making themselves available to each other and to residents and (2) following up on the ideas, suggestions, and concerns that are voiced.

The greatest encouragement to communication is translating ideas, suggestions, and concerns into actual program changes. Of course, there will always be suggestions,that should not be reflected in program changes. The difficulty arises in giving all ideas, suggestions, and concerns ample consideration and deciding which would truly help create a better program. This problem requires careful organization of the decision making process.

Making Decisions

It is not possible to advocate a specific decision-making process given the variety of group home purposes and structures. Instead, general guides for organizing the process are discussed.

One of the most important parts of the decision-making process is collecting appropriate information for a final decision. This requires thinking ahead to the final stages of the decision-making and anticipating the type and amount of information that will be needed. It you are faced with a program problem, first define the problem, second, imagine several possible solutions, and third, identify what you need to know in order to make a decision.

For instance, assume a group home needs to decide how to provide its clients with medical care. First, client medical needs need to be identified. Second, identify possible ways to meet these needs, such as, local hospitals, free clinics, medical schools, and interested doctors. Finally, learn about these potential resources so you can compare them and decide which are more feasible. Such information might include their locations, accessibilities, and services provided.

The collection process consists of deciding who or what group will collect the information, identifying the exact information to be collected, the methods to be used in collecting it, and the amount of time required. For example, it may be decided that a committee of three staff members will compose a list and a description of all free medical services within 15 minutes of the group home. The first staff member may be required to compose the list within a week, a second may have to investigate and describe services available within two weeks, and a third may have to decide which services are of value to the program and investigate further in the process, if necessary, within three weeks.

Successful organization of the collection process requires that someone monitor the collection activities. Monitoring these activities consists of knowing the particulars of each task (what, how, and when) and assuring that everything possible is done to facilitate their success.

Once all relevant information has been collected, possible courses of action must be developed. The emphasis here is on brainstorming and idea production and carefully investigating the consequences of each idea. You and/or the group should plot out each idea to assure that it is feasible. This should include formulating objective(s) and methods, and estimating manpower, resource, and time commitments. It will be clear early in this process which ideas are not possible. The next step is to examine and compare the alternatives and decide which alternative is best. At the end of this step, the decision should be the best in terms of (1) actual needs, conditions, limitations, and (2) the opinions of everyone involved.

To assure the best decision, thoroughly test each possible course of action. For instance, if you identify four sources that meet client medical needs, then test them by sending clients to each and observing the results if possible. Ask respected and informed individuals outside the decision-making process to review your ideas. It is also useful to role play to simulate actual conditions to give you insights to the performance of your selected course of action in the real world. Finally, initiate a thorough airing of the opinions, hunches, and even fears of everyone involved in making the decision. Enough time and effort should be spent so that some kind of a consensus is achieved. Be sure that any objections to the final decision are given ample consideration. This hopefully will lessen the chances that anyone will remain opposed to the decision.

Chapter II

BOARD OF DIRECTORS

State law generally forbids private non-profit organizations to operate without a board of directors that is responsible for programs, finances, and personnel. Check your state law for requirements including stipulations on the number of meetings and memberships. Furthermore, many funding sources require that an organization have a board of directors before they will consider funding it. In addition to reviewing your external requirements for a board, consider that there are generally different kinds of boards:

- Policy-making boards meet periodically, perhaps monthly, to decide on policy issues (e.g., the adoption of a new program component).
- Working boards generally meet quarterly to review and discuss the work of their special committees and establish new tasks for these committees.
- Advisory boards meet periodically to act in an advisory capacity to the group home administration.

Regardless of its type, a committed, representative, and involved board is an invaluable asset to the group home. Some of the roles which it can perform are:

- Serving as the body to which the group home director is directly responsible. In its reviewing and monitoring, it serves as a check upon the director.
- Holding the group home accountable to the wider community, helping to legitimize the program in the eyes of the community, and serving as an advocate for the program in the community.
- Existing as a direct source of skills, experience, and funding in the form of individual member's capabilities and contributions (e.g., lawyer serves as legal counsel, accountant monitors the books).
- Representing a pool of potential contacts and resources in the community (e.g., civic organizations and community groups to which board members belong, professional colleagues and personal friends of the board members).

- Assuming a directive role and maintaining continuity in program operation if a director leaves.

- Performing a variety of organizational and development functions ranging from advising the director on such things as court relations to formulating personnel policies.

- Serving as a mechanism for youth input in program policy and direction thorough participation of youth members.

Choosing Board Members

The membership of a board is crucial to the board's value to the group home. To perform the functions listed above, board members should be several or all of the following:

- Representatives of the various segments of the community

- Recognized, respected, and influential in their community or field

- Capable of donating money or capable and willing to raise money (e.g., have access to people with wealth, or the corporate community, or have fundraising skills)

- Skilled or expert in one or several of the fields the group home draws on for help in planning, operating, or managing its program (e.g., treatment, personnel, business, and resource development)

- Representative of the residents and members of the age group which the program serves.

Individuals selected for the board should have certain qualities and interests which will contribute to the board's overall effectiveness. These include:

- Commitment to the group home's purposes and program

- Tact in working with other people

- Time and desire to contribute to the group home success by serving on the board

An existing board may be composed of well qualified individuals, yet may lack individuals with the specific types of attributes, skills, or knowledge required to meet the group home's needs. To pinpoint the gaps between present board members' capabilities and those that the group home needs, organize a chart to compare attributes and capabilities needed with those of existing board members. The McHenry County, Illinois, Youth Service Bureau's Board Composition Analysis, Figure II-1, is presented on the next page as an example of such a chart.

Recruiting board members should be a carefully planned and well organized process. Suggestions as to who might serve as board members might come from present board members, program administration and staff, clients, funding sources, and other community programs. There are several ways to recruit new board members. Some of these are:

- Keep a list of potential board members. This listing should be compiled on an ongoing basis and should be updated to reflect the present needs of the group home.
- Prepare a carefully worded, brief statement defining the purpose of the group home, its goals and objectives, descriptions of program services and who they serve, and the need for the group home. This statement should be given to the prospective board member after initial contact.
- Prepare a description of the board's role and functions and individual duties, responsibilities, time commitment, and length of service as a board member.
- Explain exactly why the individual has been asked to serve. Areas that should be considered are:

  -- Talents and interests
  -- Representation
  -- Program needs

New board members' initial contributions depends partly upon how quickly they identify areas in which they can contribute. Orientation might include:

- History of the group home and a description of its problems
- Description of the program's purposes, goals, and objectives, and daily operation
- Board constitution and/or by-laws
- Organization of the group home and its program
- Financial report
- Policies, procedures, and standards
- Personnel practices
- Visit to the group home and meetings with staff, clients, and administrators
- Any information about the board not included in the recruitment process

Figure II-1

BOARD COMPOSITION ANALYSIS

Board Member	Age					Sex		Geo-graphic					Sanction										Financial Development					Policy Determination														
																												Program						Bus.			Organ. Dev.					
	13-19	19-29	30-45	46-65	over 65	Male	Female	South East	North East	Central	South West	North West	Criminal Justice	Educational	Political	Religious	Corporate	Small Business	Agricultural	Media	Professional	Social Service Agency	Access to corporate wealth	Access to Individuals with wealth	Willing to donate	Willing to raise money	Willing to work on fund raising projects	Service Recipient	Community Development	Education/Training	Counseling	Soc./Rec./Cultural Arts	Vocational	Procedure Exp.	Legal/governmental	Budget/Fiscal	Personnel	Annual Giving	Training/Development	Recruitment of Board Leadership	Marketing	Public Relations

The Program Director's Role

The manner and extent to which the board coordinates its role with actual group home operations have a powerful influence upon its effectiveness and value. In most cases, the primary means of coordination is including the group home director on the board as an ex-officio members. The director can perform two functions that improve board and group home coordination and increase the overall effectiveness of the board: (1) the director presents information about the group home to help the board make policy and solve problems and (2) the director can initiate discussion and facilitate board action in areas necessary to the progress of the group home.

Information presented to the board at every meeting should include a financial report and a narrative statement of program events, trends, and highlights. A narrative statement might include such information as: (1) resident profile (members, new residents, services provided, and other statistics), (2) introductions to new staff and reports on program development such as staff training, and (3) description of significant program problems. Financial reports should list expenditures by month for the year to date and projected expenditures. These should be compared and a final figure indicating the difference should be listed. These reports should also contain information on the status of any grants.

Initiating board action in areas of program needs is the director's most productive role as a member of the board. Well-prepared presentation of these needs with thorough documentation are the director's best means of setting the stage for action. The director may want to invite staff, residents, and/or recognized experts to appear at the board meeting to give added support to the plan.

One final point should be considered. Board effectiveness and value to the group home can be dramatically increased by maximizing board members' exposure to the group home. Perhaps some board meetings can be held at the group home with time allowed after the meeting for the members to mingle with residents and staff. See if board members will volunteer to participate in program operations and activities. A special day could be set aside during which board members would share responsibility for running or participating in selected aspects of the group home program. These activities would increase the amount of knowledge and information which board members can use in formulating policy, solving problems, and making plans for the group home.

Finally, a Board of Director's Assessment Form is presented in Appendix A to suggest strengths and weaknesses to assess. This form is an adaptation of a Board of Directors Overview Questionnaire compiled by Peter Easley of the National Youth Alternatives Project and it can be modified to serve your particular program.

Chapter III

PERSONNEL

Any consideration of program management must include personnel. Personnel management assumes daily responsibility for:

- Personnel policies and procedures
- Hiring
- Supervising and evaluating personnel
- Training
- Scheduling, including coordinating for efficient use of time.

Personnel policies and procedures reflect the group home's organization and serve several purposes. Among these are:

- Outlining and promoting good working relationships between staff and between staff and management
- Clarifying the decision-making process and chains of command
- Orienting new staff
- Preventing confusion, misunderstanding, and conflicts between staff and administration.

Policies and procedures must be approved by the board. They should contain such information as:

- Short statement on their purpose, how they came about, how often they are reviewed, and a procedure for changing them
- Definition of each employee category (e.g., full-time and part-time temporary, volunteer, student intern) and specification of benefits and policies applying to each group
- Identification of the staffing hierarchy and description of the decision-making process
- Job descriptions
- Description of employee salary and reimbursements, including paydays, salary ranges, and provisions for raises
- Description of employee benefits, including types of characteristics of insurance, and various types of excused absences (e.g., personal days, work-related training, vacation, holidays)

- Staff scheduling including provisions for overtime and emergency duty

- Employee evaluation process; its rationale, benefits, limits, and how the results will be used

- Description of personnel file system, the use of the file information, right of access, and confidentiality

- Hiring practices and procedures

- Procedure for terminations and resignations

- Grievance procedures

- Provisions and procedures for staff training and education.

Examples of personal policies are included in Appendix B.

Finding New Personnel

Hiring processes should provide three things: (1) opportunity for management and staff to observe and evaluate the prospective employee; (2) opportunity for the prospective employee to become familiar with job responsibilities; (3) full explanation of the group home's purpose, operations, and policies and procedures. The hiring process must be thorough. The essential steps are:

- Identifying job requirements, responsibilities, and benefits in written job descriptions, including:

  -- Information necessary to perform job functions

  -- Skills and competencies required

  -- Attitudes and values consistent with goals and objectives

  -- Personality traits necessary or helpful.

  -- Educational credentials and experience.

- Recruiting and screening for attracting the best qualified applicants. It is essential to avoid any discrimination. Advertising, word of mouth, and registration with public and private employment services are the three most common means of recruitment. Screening, which saves you and applicants time, is done through resume review, telephone screening and on-site "quick" interviews. If several different personnel are doing the screening, they must be familiar with the interviewing and screening process and have similar ideas as to the type of individual wanted for the job.

- Interviewing, as a process should perform the following functions:

  -- Explain thoroughly the job, purposes, policies and procedures of the program, and answer any applicant questions.

  -- Collect from the applicant whatever information is necessary to make a judgement on his fitness for the job.

  -- Explain completely the hiring procedures and timing.

  Interviewing should be done by qualified personnel who will allow the applicant to explain his appropriateness for the job. The interviewer's impressions should be written down soon after the interview to prevent forgetfulness. After all candidates have been interviewed, the entire staff of a small group home or selected staff from a large program meet to narrow the field to two or three candidates who warrant further consideration. The meeting should include a review and discussion of credentials, qualities, and abilities as evidenced in resumes, reference checks and interviews.

- Performance testing is the next step in the hiring process. Once job candidates have been selected, they should be asked to perform a voluntary "shift" or part of a shift at the home. This fills the dual purpose of testing the candidate's skills and attitudes and allowing the candidate to "taste" the job so as to make a final decision on his availability. It also allows the rest of the staff to observe the candidate. If the residents have a say in the decisions, they should get the chance to observe. All those who participate in the final selection process should share a common understanding of what to look for in the candidate during his voluntary shift.

- Selection can occur in a variety of ways although it should include the entire staff, and perhaps, the residents, who meet to compare notes and observations. The final selection should be by consensus.

- This process should be repeated if a qualified applicant is not found the first time. Care should be taken, however, to inform all applicants of this possibility in the beginning of the process.

Supervising and Evaluating Employees

The supervision and evaluation of personnel helps the program by (1) supplying data about employee performance which is essential to accurate and effective program planning, and (2) identifying the areas in which employees need to improve, which in turn, will help improve program performance.

Personnel can be supervised several ways. An effective method in the group home is to hold regular supervision sessions, and include the employee and the supervisor (i.e., the head counselor and the counselor, or the director and the head counselor). The meeting should include a look at the employee's recent performance and a give-and-take analysis of weaknesses, strengths, difficulties encountered, areas of improvement, and methods for improving. The success of these sessions depends upon the active participation of the individual being supervised. A good supervisor will help the employee to put his entire performance in perspective and clearly see the weaknesses. A good supervisor will also allow the employee to play as large a role as possible in setting his own future objectives and time frame, and in formulating an overall strategy for his improvement.

Supervision also involves the monitoring of staff performance of routine functions such as house maintenance and filling out records and forms. Much of the time involved in supervision can be eliminated if staff members are allowed to monitor themselves. That is, staff can be allowed to document on a standard form a routine function once it has been performed. Then, supervision consists of simply reviewing the forms or records for compliance. For example, a resident counselor can be required to fill out a "daily report", as in Figure IV-1 at the end of each shift which indicates exactly what routine functions were successfully completed.

Another method is group supervision involving individual staff members being supervised by the staff as a group. This method is most effective when staff is closely knit and shares similar values and outlooks. In other cases, this method can cause friction between staff and create conflicts. When group supervision is feasible, it provides many benefits. Some of these are:

- Conserves scarce manpower by dividing a nearly full-time supervisory role among several staff people who perform the role during the course of their other responsibilities
- Motivates staff to improve their performance because they are being observed and judged by their peers
- Involves staff more completely in direct responsibility for program performance which increases their efforts to improve the program
- Draws staff closer together, if skillfully performed, and creates support for each other.

FIGURE III-1

Resident Counselor Daily Report

NAME______________________________

DATE______________ SHIFT HOUR____

Please leave form in Director's box.

This form and the following tasks are to be completed before you leave for the day. If you are not able to complete any of the following, indicate why and make provisions to come in the following day to complete.

HOUSE MAINTENANCE: standards for cleanliness: It is your responsibility to monitor the chores. All trash must be out in the front. All client files and related paper in locked cabinet. Counselor's bathroom clean and orderly. All rooms vacuumed, meal dishes done, kitchen floor swept, kitchen appliances cleaned, dining area tables cleaned after every meal, all beds made, furniture in order, irons unplugged, intake area spotless, counselors' room spotless, outside steps and entryway devoid of debris.

Front of House - outside

Counselor's office

Intake Area

Kitchen

Dining Area

Boys' Area

Girls' Area

YOUTH MAINTENANCE:

Have youth returning from school given you school attendance verification?

Have you verified youth attendance with schools?

Do residents' daily schedules reflect what they've done today?

Is your client's weekly schedule in client folder?

Daily notations in residents' files?

Is youth sign-out sheet up to date?

Did you make an entry in shift log?

Were there house activities today?

Did you have assistance today? From whom?

COUNSELING:

- Number of intakes today: Names:
- Number of individual sessions today: Who?
- Notes entered in casenote form in file?
- Who are your current clients?
- Number of follow-up calls made today: Who?
- Notes in file(s)?
- Notes in Aftercare log?
- Number of family contacts today: Who?
- Number of family sessions today: Who?
- Entry in client files? Entry in shift log?
- Did you have a house meeting today? Content:
- Did you have a resident group session today? Content:
- Were there any emergencies today?
- Were you able to work on your area of specialization today?
- If so, what did you accomplish?

- Comments about the day: (including concerns and needs)

28

The group session is essentially the same as the one-on-one supervisory session with each individual staff members' performance being reviewed and assessed. In this case, however, the assessors are the entire staff. Again, the individual staff person under review would work out future objectives.

Supervision is sometimes considered an adequate evaluation of employees. However, there are two problems with this approach: (1) supervision, as described above, is a subjective process changing in format from employee to employee, and (2) the standard supervision system does not account for evaluation of the director's performance.

Evaluation responds to the first of these two problems, the subjective nature of the supervision process, by being more rigorous and objective in nature. Evaluation methods which enhance objective assessment include:

- Determine job performance standards, place them on a scale, and then measure the employee's performance against the standard.
- Administer a standardized evaluation form to all program personnel.
- Include a supervisor's evaluation of the employee and a self-evaluation by the employee in the final evaluation process.
- Provide either informal or formal mechanisms for the employee to contest any evaluation done on him or her.

Despite variation in group home purpose and structure, all evaluations usually focus on three distinct areas. These are:

- Skills and abilities, such as planning, organizing, directing, communicating, decision making and knowledge
- Employee output such as quantity and quality of work
- Employee characteristics and attitudes, such as dependability, responsibility, adaptability, cooperativeness, ability to work with others.

Sample employee evaluation forms are included in Appendix B-2, B-3.

Extenuating circumstances or usual difficulties encountered by staff in job performance which may have contributed to a less-than-adequate effort can be included in the evaluation process, but only after an objective evaluation. Circumstance and difficulties can also be discussed afterward.

Evaluating the Program Director

Supervision does not provide for the evaluation of the Program Director's performance. While daily supervision of the director is not possible to evaluate the director's performance, such evaluation can be done by the board and program staff. It is important that both be involved in the evaluation because each group sees the director in a different job. board members can evaluate the director in terms of overall program performance as viewed by themselves and by the larger community. Board members may also want to evaluate the director's performance in each one of the director's job function areas that the board is able to observe, such as fundraising, relations with the board, and community relations.

For evaluation of performance in those areas that the Board cannot directly observe, it can draw up evaluation forms to be filled out by those who can observe the director's performance. For instance, program staff can be asked to evaluate the director's skills and performance. This evaluation should be combined with the board's to get an overall picture of director's performance.

Perhaps the most important function of personnel evaluation in a group home setting is as a tool for personnel development. An evaluation clarifies, for staff and directors alike, the degree and quality of their efforts. The evaluation process should help employees realize their strengths and weaknesses. To accomplish this, the evaluation must be non-threatening. A way to achieve such a process is to involve those being evaluated in the design of the evaluation. The purpose, methods, and way the results will be used should be made clear to the subjects of the evaluation. Evaluation becomes a learning process when the results are used as a foundation for improvement rather than as evidence of failure. An assessment and planning meeting between the evaluator and the subject (i.e., supervisor and staff, board and director) to discuss the results is an excellent way for turning evaluation into a learning process. This meeting can be used to (1) explain the results, (2) respond to any concerns about the process or results that the evaluatee may have, (3) examine the results and identify weaknesses and strengths, and (4) formulate a plan for the evaluatee to improve performance. The success of the meeting depends upon the active participation of the evaluatee.

Training the Staff

Training should provide staff with the knowledge and skills to effectively implement program goals and objectives. This process consists of three critical components:

- Orientation is the first detailed explosure the employee has to the group home. The message contained in orientation tells employees how things are run, what to expect, and what is expected of them. It is the foundation for the type of performance employees will give later on. The orientation process should be long enough to familiarize the employees with their particular job functions and the overall policies and procedures of the group home, but not so long as to delay the employees from assuming full responsibility. The process should contain:

-- A complete explanation of program philosophy, goals, objectives, policies, practices, and procedures

-- A familiarization with the program residents, their needs, backgrounds, and habits

-- A familiarization with all available community resources.

- Designing of a training model is the next step in training. This includes designation of the type of training to be delivered, how it will be delivered, who will deliver it, and the goals to be achieved.

The following discussion focuses on training to improve counseling services and is presented as an example of a training process applicable to a variety of programs. The first step in any training is to undertake a thorough needs assessment. This process could proceed as follows:

-- Identify clients' needs

-- Determine counselor skills

-- Decide exactly where and in what way counselor skills fall short of meeting residents' needs

-- Identify the skills needed to meet residents' needs

-- Design the training which will provide the counselor with the needed skills.

This process is most productive if staff members are intricately involved in identifying resident needs that are not being met by their own skills. Naturally, staff members have a great deal of insight into this matter because they are closest to the residents. They should also assess their own knowledge and skills and identify the areas and ways their capabilities need to be improved. Staff members should have a wealth of knowledge in this area because, in working with residents, they are reminded constantly of their counseling strengths and weaknesses. They should play a major role in designing training because (1) their insight and knowledge will increase the accuracy of the training and (2) their involvement will increase the training's impact.

Areas which counselor training might include are:

- -- goals and objectives of counseling
- -- individual counseling skills
- -- group counseling skills
- -- referrals
- -- general knowledge about particular aspects of resident population.

- Training delivery should be structured to provide for regularly scheduled sessions. These sessions should be scheduled reasonably close together, should not be too long, and should address a single area. They should be divided between sessions to impart knowledge and sessions to teach skills. A sample of a six-month delivery model follows. (Provision is made for one session per week).

Session 1: Goal setting, explanation of purposes of training, initial self-assessment by participants

Session 2 - 12:

Four sessions providing knowledge about

-- delinquency
-- learning disabilities
-- child abuse and neglect
-- drug use

Two sessions on referral skills

-- determining the need for a referral
-- agreeing upon referral with the client
-- making a referral - agency contact
-- following up a referral - obtaining feedback and assessing the success of the referral

Five sessions on counseling skills

-- recordkeeping
-- communication
-- observation
-- feedback
-- group processes
-- interviewing

Session 13: Review session, self-assessment, setting of new goals, contracting for next 11 sessions.

Session 14 - 23:

Two sessions on knowledge (to be identified by staff)

Four sessions on group processes

Four sessions on individual counseling processes

Session 24: Final evaluation of training to date; discussions and agreement on additional training.

Whenever possible, materials used in the sessions should be as real to life as possible and include guest speakers, case studies, exercises which require the individuals' participation, and role play.

Training may be acquired from sources other than a formal in-house session. Lack of training skills and money may force personnel to seek training in the community. In some cases, an allowance is given each employee to be used for training. A productive and economical way of providing on-the-job training is weekly meetings between employees within a certain functional grouping. As an example, weekly case review or treatment team meetings provide staff with knowledge upon which it can base improvements in its counseling skills. A final source of training is conferences and seminars. A reasonable amount of time, perhaps six days, should be allotted so that staff can attend.

Scheduling

Scheduling staff to meet program and resident needs while also providing adequate time off is one of the most difficult management tasks involved in operating a group home. An infinite variety of schedules has been created as individual group homes have struggled to find the one best suited to their needs. For the most part, this struggle is inevitable because as the purposes, services, populations, and structures of group homes vary, so must the staff schedule. Although schedules will vary, the following considerations must be taken into account when designing a schedule:

-- Staff members should design their own schedule or contribute their views on lengths of shift, times of shifts, numbers of staff on at any one time (coverage), length and frequency of off-time. The final schedule should reflect a realistic assessment of the conditions under which, and the length of time for which, staff remain effective.

-- Sufficient coverage (double or more) should be required during peak activity hours and in case of emergency (at any hour). It may help to draw up a flow chart of activities, listing each activity, its duration, and the number of staff (including volunteers) required. Such a listing should make it easier to pinpoint exactly what staff is needed when and where. Since it's impossible to pinpoint when emergencies will occur, it would help to always have an extra staff person on call. This position could rotate on a weekly basis.

-- No employees should be required to work more than eight hours at a time. This rule of thumb applies especially to direct service workers. Of course, some employees will want to put in extra hours and they should be allowed to do so. However, these employees should be encouraged to take adequate time off between shifts so that they will not become stale.

-- Provide for sufficient time between shifts, allow enough time for vacations, and introduce enough diversity into the schedule so that staff do not burn out. A general rule of thumb is that, for every three back-to-back shifts of direct service work, the employee should be allowed the equivalent of two consecutive shifts of time off.

-- Finally, it is important to explain fully the schedule to all personnel. If the schedule is diagrammed and posted, staff will be able to plan ahead for days off. A very simple example is presented as Figure III-2 on the following page.

31

FIGURE III-2

Staff Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.	A	C	C	B	B	D	D
p.m.	B	D	D	A	A	C	C
a.m.	D	A	A	C	C	B	B
p.m.	C	B	B	D	D	A	A

Counselors: A,B,C,D,
AM: 9:00 am - 9:00 pm
PM: 9:00 pm - 9:00 am

This is a two-week sample.

Chapter IV

MANAGING RESIDENTS

Resident management is divided into five functional categories:

1. Admission and intake
2. Treatment formulation and delivery
3. Program structure
4. Referrals
5. Resident records

Admission and Intake

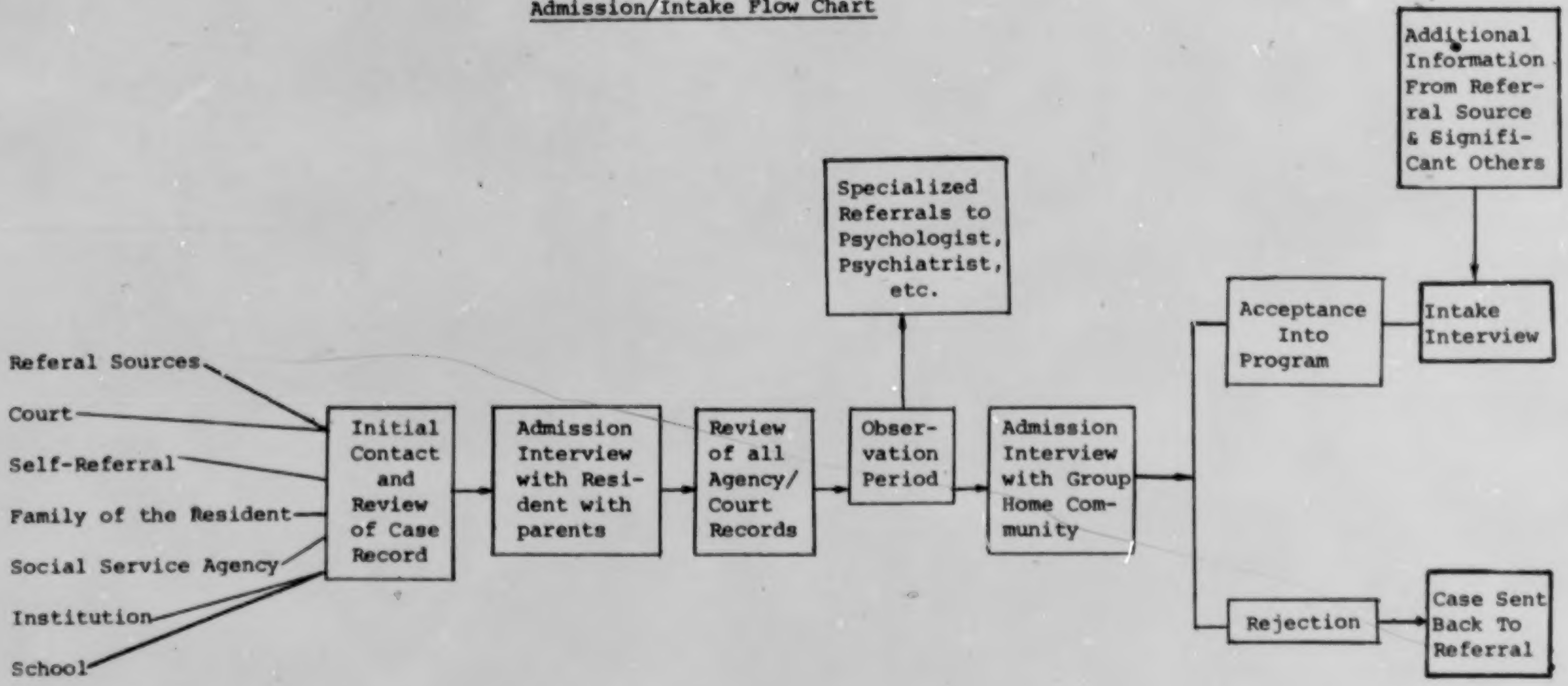
Viewing admission and intake as an integrated process greatly increases the efficiency and effectiveness of management. Admission and intake should be an efficient process that collects and records only essential information about the resident and imparts necessary information about the program. Figure IV presents an integrated admission/intake process in a flow chart.

The admission/intake process is singularly important to the success of a resident's experience within the home and accomplishes the following:

- Assures that the group home is appropriate for the needs of the resident and that the resident is appropriate for the group home, (e.g., the resident of a drug treatment program has a drug problem (resident need) and sincerely wants to be helped (program requirements))
- Provides information for the care, treatment and growth of the resident, (e.g., social history, school record, psychological evaluation)
- Supplies data for program documentation and evaluation, (e.g., number of new intakes per month and records of consistency and efficiency of admission/intake process)
- Collects all required permission and grants the authority necessary for the group home to work with the resident, (e.g., parental consent form and court orders)
- Provides the resident with the necessary information to decide whether to join the program

FIGURE IV

Admission/Intake Flow Chart


Referal Sources
Court
Self-Referral
Family of the Resident
Social Service Agency
Institution
School
Initial Contact and Review of Case Record
Admission Interview with Resident with parents
Review of all Agency/ Court Records
Observation Period
Specialized Referrals to Psychologist, Psychiatrist, etc.
Admission Interview with Group Home Community
Acceptance Into Program
Intake Interview
Additional Information From Referral Source & Significant Others
Rejection
Case Sent Back To Referral

- Contributes to the resident's orientation and adjustment to the program.

To assure that the admission/intake process is consistent and adequate a set of policies and procedures should be developed to:

- State clearly the rationale for the particular type of admission, intake, and orientation process and the methods used
- Spell out the functions performed within the process, when they are performed, how they are performed, and how each function contributes to the objectives for the process
- Communicate all of the above to program staff.

Policies and procedures should also spell out the coordination between admission and intake. The resident information that is passed from admission to intake, its purpose, proper use, and the correct procedure for its transferal should be detailed in policies and procedures in order to prevent inconsistency, inefficiency, and abuses, such as breech of confidentiality.

Admitting New Residents

Admission is a screening to gather the minimum amount of information about the resident that is necessary to assure basic resident-program compatibility. The type and quantity of information sufficient for screening varies between different kinds of group homes. In general, however, two types of information can be collected to determine compatibility. The first type should help determine if the resident is appropriate for placement in your home.

Such information might include:

- Age
- Sex
- Reasons for commitment to the program
- Jurisdictional authority, (e.g., ward of the court or state, parents, or legal guardian)
- Legal permission for the applicant to participate in the program
- Criminal history with particular attention to violent crimes and crimes against persons
- Special medical or psychiatric needs
- Educational needs and local school availability.

The second type of information should focus on resident characteristics that automatically disqualify the prospective resident from placement at your home although these characteristics will vary depending upon the type of group home. For instance, some group homes may not be equipped to handle severely emotionally disturbed youth but will work with youth who have no family. Others may accept disturbed youth and any other youth but only if there is also a family with which to work. Although specific characteristics which would disqualify a prospective resident from your program cannot be listed here, to determine which prospective residents should not be accepted into your program, consider the following:

- Program plan should specify what type of residents are eligible for the program. Consider your program's purpose, objectives, and types of services offered.

- Program's structure must be consistent. It cannot accommodate behavior which consistently violates it. For instance, a program structure which allows a high level of resident freedom cannot accommodate highly aggressive, violent, or severely emotionally disturbed adolescents. The screening process must disqualify those applicants whose behavior would not fit into program structure.

- Program condition, that is atmosphere, is determined by resident and staff behavior and attitudes, and should be considered when deciding how many and what type of residents to admit. You do not want to admit volatile or emotionally disturbed youth into a tense atmosphere of acting-out residents and insufficient and overworked staff. The financial condition of the program should be considered. Avoid taking on either too many residents or residents whose needs require added financial outlays when financial resources are short. The number and types of services available in the group home and in the community at large should be a consideration in determining the type of youth, in terms of service needs, to admit. Another consideration is the number, qualifications, and skills of program staff. For instance, in a group home with counseling as the primary service, it is essential not to admit so many residents as to create unmanageable caseloads. It is also important to admit only those youths who can be realistically helped given the level of staff qualifications and skills.

- Program external environment creates requirements and limitations imposed by funding sources regarding the type of youth eligible for your program. Consider local, state, and federal laws which affect the type of youth that your particular program can accept. Finally, you may want to consider the effect that accepting certain types of youth may have on relations with the local community. For instance if local residents have actively voiced doubts about your program, it may be wise not to accept serious offenders and/or more volatile, acting-out residents, until you have established credibility.

- Program direction means not admitting residents whose needs will not be met by future programs because of planned changes, e.g., phasing out of a medical or educational program component.

To assure appropriate placements, the admission process must not only solicit information about prospective residents, but also thoroughly introduce them to the program. Potential residents need enough information to make a sound decision on whether or not to join the program. This information should constitute a brief program description including:

- Admission procedure
- Program purpose and methods
- Services available
- Rules, regulations, and expectations
- Daily schedule

The efficiency of the admissions process is increased by two procedures. First, a record of the initial contact and all other information should be made accessible to appropriate staff. This can be done by requiring that all contacts be recorded in a log of daily events that staff members read each time they report to work. Also, a standard form recording information about the resident can be filled out at first contact and be kept in a resident file. Information on this form might include:

- Applicant's name, address, and phone number
- Date of contact
- Source of referral (e.g., court agency, program, school, family, or self)
- Contact information about organizations or persons involved
- Actions to be taken.

An example of this type of form can be found in Appendix C-1.

Second, referring organizations should be required to adhere to standard procedures. These procedures should specify: times and methods for making a referral, person(s) to be contacted, information required, and a brief description of the admissions process. The group home should establish formal written agreements, including the referral process, with organizations which make regular referrals to it. In some cases, it will be impossible to get a written commitment but a verbal agreement or even making the referring organization aware of your program's requirements can prove beneficial.

If management does its job, then all staff should be qualified to screen an applicant and decide upon the next step. Staff of small group homes with only a few programs are capable of making an admission decision. In larger group homes with more complex programs and a longer term of stay, admission decisions must be made by the director either with or without total staff participation. In group homes with several program units it is essential to involve all leadership.

Group homes with longer terms of stay and/or comprehensive treatment approaches may require an extensive admission process. After an initial screening the applicant and any others involved may be asked to attend an interview at the home. This interview reveals more about applicants and exposes them to the facility and, in some cases, the residents. At this time, applicants may be asked to explain why they want to join the program. Also the program should be more fully explained. Decisions are then made on whether or not to continue with the admission process.

The decision must be made by the applicant and by members of the group home. The group home's decision may be made by the director, or the director and staff, or by the director, staff and residents. If both parties decide to continue the process, then the applicant may be required to spend a short time at the home. This serves as an observation period for both the applicant and the group home community. The group home's final decision on admission may be made by the entire group home staff or by any combination. The decision may be made "behind closed doors" or in a meeting with the applicant. The purpose of including the applicant would be to explain the reasons for the decision.

After deciding that the group home is an appropriate placement for the youth, the parent(s) or legal guardian must sign and date a legal statement granting their permission for the youth to participate in the program. This is also a good opportunity for the parent(s) or guardian to grant written permission for the program to supply medical treatment if ever needed. Sample forms are included in Appendix C-2.

Intake Tasks

Intake, the process between acceptance and full participation in the program, includes three functions: (1) gathering of additional resident information; (2) organizing all resident information collected to this point; and (3) explaining program procedures, schedules, rules expectations, and the recording of the residents with them.

Information not collected during admission is gathered during intake. This information is received from the youth, referral sources, and/or other involved individuals and organizations. Residents should be made aware of the information received from these sources in case they want to challenge its accuracy. There are essentially four basic sources of this information:

1. An intake interview serves to gather background, social, familial, educational, medical, psychological, and court related information about the youth. This interview is also a time to fill out any information forms required by local, state, or federal agencies and funding sources. It is helpful to make this interview with the staff person(s) who will be working closest with the resident because it can serve as the beginning of a productive relationship between the resident and the staff person. All information should be recorded on a standardized form. Appendix C-3 includes a sample intake form and checklist of additional items to consider when developing an intake form.

2. A family conference elicits information from the youth and significant members of the family and can be used to involve family members in the program. Information gathered during this conference should be recorded on a statement form. A sample family diagnostic interview sheet is included in Appendix C-4.

3. Referral forms required by your program or by the referring organization can be supplemented by other miscellaneous information obtained from meeting with a representative of the referring organization.

4. Medical histories and records of physical examinations ensures the resident proper medical attention. Even if this information is available upon referral, the group home should require a complete physical examination unless the youth has had one within the last two weeks. A sample Medical History and Physical Examination Record and Checklist of items to consider when formulating such a record are included in Appendix C-5.

The information gathered in the intake processes can vary significantly. The social history and medical history forms presented on the next four pages include representative types of information that prove useful in group home programs. This information has been organized according to the subject area which it addresses, a helpful way for management to think of resident information. Although resident information can be organized and recorded in an infinite variety of ways, its accessibility and usefulness depends upon it being organized and recorded in a logical manner. This topic will be addressed more fully in the section on resident records.

An important function of resident management during intake is collecting and organizing all information gathered from admission as well as intake. It is essential that one individual be responsible for this task. One method of doing this is to require the staff member(s) who will be working closest with the resident to record the information and include it in a resident file. Another method is to designate a single individual responsible for recording and organizing all resident admission and intake information.

A final function of intake is to make sure that the resident fully understands and will comply with program procedures, rules, schedules, and expectations. In most cases, it is advantageous to advise referral sources, family members, and other persons so that everyone involved understands what is required. A record of the youth's understanding and intended compliance can be put into an agreement between the program and the youth. The youth should sign and date such an agreement. An example of such an agreement is included in Appendix C-6. It is not essential to have others involved sign similar agreements, but it may prove helpful, especially in the case of the family.

Treating Residents

The treatment of residents consists not only of therapy, counseling, and education, but also involves the effect that the group home milieu has on the resident. In this sense, treatment means efforts made to improve the resident's mental and physical health, knowledge and learning abilities, employability, and/or social skills. Management's role is to insure that treatment adequately and accurately addresses residents' needs and that it is provided consistently.

High quality treatment depends upon three jobs management must perform: First, management should assure that treatment is consistent with the program plan and program performance standards. Second, management must coordinate and monitor the development of treatment plans that reflect individual resident needs. Third, management must monitor and evaluate the treatment process and its results so that it continuously responds to ever-changing resident needs.

Your program plan should include the rationale, methods, and objectives of treatment as applied in your group home. This plan is based on a thorough assessment of the needs of your resident population. Your home's treatment program should be designed to accurately and adequately respond to this group.

To insure adequate responses to resident treatment needs, performance standards may be included in the program plan's treatment stipulations. For example, a group home that works with youth judged delinquent and emotionally disturbed may specify the following treatment standards in its program plan:

1. An individualized treatment plan for each resident addressing emotional, familial, social, educational, and vocational needs. This plan must include objectives of treatment, methods that will be used, names of individuals involved in treatment and a description of their roles, and an estimate of when each objective will be achieved. The plan should be written with resident input and unanimously approved by those involved in the treatment.

2. Weekly individual therapy session with the staff psychologist focusing on the resident's emotional needs. Each session will last a minimum of one hour without interruption. The psychologist should summarize each meeting in writing. The summary will include an explanation of how the substance of the meeting relates to the treatment plan.

3. Monthly family therapy sessions with the resident, his family, and a family therapist. These are to discuss family dynamics which may be contributing to the resident's disturbance, involve the family in the resident's progress, and prepare the family to assume the major support role once the resident graduates from the program. Each session should last a minimum of one hour. The therapist will act as a facilitator while encouraging the participants to engage with each other in problem solving. The therapist should summarize each session in writing while paying particular attention to explaining how the meeting relates to the treatment plan.

4. Weekly group therapy stressing interpersonal relations and social skills to enable all involved to function constructively in any social setting. The sessions should be part of an overall plan to improve residents' interpersonal and social skills. Each session should be organized around a specified topic or skill area. The group facilitator should summarize the meeting with notes on every resident present. These notes must relate to individual treatment plans and contain a description of the appropriateness and value of the topic, appropriateness of the methods used to facilitate the meeting, problems encountered, and results.

5. Daily education in groups and individually as needed, provided by the in-house education staff, and focusing on resident's academic and life skills. Each resident should have a plan developed by the education staff with resident input and supervised by the education coordinator. Group activity should center on implementing these plans and one-to-one sessions will provide special help as needed. Residents are expected to participate in at least five sessions per week and vocational students will participate in three specially abbreviated sessions.

6. Daily vocational training, in job skills approved by the resident, his family (when deemed necessary), and the treatment staff should include an individualized skills development and job location plan. This plan should be developed by the vocational education staff with the resident and should be supervised by the coordinator. Each vocational student should receive a minimum of: (1) 16 hours per week in on-the-job training, (2) one group session a week on job location planning and skills development, (3) one group session a week on career exploration, and (4) three group sessions a week on academic education.

7. Daily recreational activity, supervised by the volunteer recreation staff, for physical and emotional development should be group centered and last a minimum of two hours a day.

8. Individual counseling and general support consistently provided by the resident's primary counselor, who is a member of the treatment team, should encourage the resident's overall development. This primary counselor will be instrumental in the design and implementing of the residents' treatment plans. Daily notes detailing any contact with residents and relating to the content of the treatment plans should be entered in the appropriate. resident files by the counselor.

Based on this plan, it is a management's job to perform the following:

- Direct and monitor staff efforts so that an individualized treatment is formulated for each resident, weekly individual therapy sessions occur, and monthly family therapy sessions occur. A treatment supervisor or case manager should supervise the formulation and implementation of individual treatment plans. Review of resident files, records, and observation of treatment sessions can be used to monitor treatment provision and check for compliance with performance standards.

- Actively facilitate staff efforts to provide treatment according to the program plan in sufficient quality to meet performance standards. For instance, an education supervisor should periodically assess staff teachers' skills and coordinate training to strengthen weak skill areas. The manager may also correct such problems as oversized classes and insufficient teaching materials.

- Remain sensitive to interstaff tensions and conflicts, which may create barriers to effective coordination for treatment. Supervisors can address these issues in one-to-one sessions and bring them to the attention of the entire staff in a staff meeting if necessary.

Formulating individual resident treatment plans must be managed so that each resident's individual needs are addressed. High quality treatment requires plans that focus on the distinct nature of each resident and his or her unique needs. Treatment management includes several methods needed to insure attention to individual needs. These are:

- Including admission and intake information in treatment plan formulation. The staff member who will be working the closest with each resident must be involved in the admission/intake process and the plan formulation process. This assures that (1) all information is included in treatment planning and (2) the staff member responsible for implementing the plan will have a thorough understanding of the resident's needs and the treatment approach.

- Included in the plan formulation and implementation, selected individuals from outside the program who are important to the resident. These individuals' involvement enhances the comprehensiveness of the treatment and maintains resident ties with individuals who will be important once the youth leaves the program.

- Requiring residents to play a central role in their own treatment planning assures at least the opportunity for needs to be accurately identified and met.

Involving residents in the formulation of their own treatment plans, and otherwise making it clear that residents are to take an active role in their own treatment usually increases the resident's willingness to participate. In most cases, it also insures that treatment goals are more realistic. Once the resident has helped write the plan and signed it, it becomes, in effect, a contract binding the resident and the program to its terms. This helps maintain resident participation in the plan and helps safeguard the youth against either abuse or lack of follow-through on the part of the program. A sample of such a Treatment Plan Contract is included in Appendix C-7. In some cases, it is not possible to involve the resident in actual formulation. For the purpose of identification we shall call these Descriptive Treatment Plans. Samples are in Appendix C-8.

To remain effective, treatment should respond to resident's needs as they progress or change. Management must periodically assess each resident's status. Some assessment methods are:

- Case reviews at least once every two weeks. These reviews should include all personnel involved in the resident's treatment and should evaluate: accuracy and adequacy of treatment efforts to date; current resident needs and the scope and degree of change from initial needs; and appropriateness of plan in light of changes in resident needs. Changes in treatment plans corresponding to changes in resident needs should take place at this time.

- Treatment plan review or evaluating the resident's status in terms of set goals and objectives and modifying the plan to reflect changes in that status. These reviews should take place between the individual resident and the staff member who works closest with him.

- Contact with individuals outside the program who are involved with the resident for the purpose of assessing factors in the resident's situation outside the group home. Contact should be made as needed, but at least every time a formal modification of the resident's treatment plan occurs.

How to Monitor Treatment

Monitoring treatment efforts (treatment planning, therepy sessions, case notes and other recorded information) helps to make sure that efforts are consistent and effective. Monitoring consists of (1) periodic review by the supervisor of case file contents with particular attention paid to the substance of case notes and other indicators of the quality of treatment, (sample case note forms are included in Appendix C-9), (2) regular meetings between supervisor and individual treatment personnel for the purpose of monitoring the individual's efforts and planning future efforts, and (3) periodic observation by the supervisor of group and individual treatment sessions in order to monitor compliance with standards and assess treatment personnel strengths and weaknesses.

The evaluation of treatment in a group home need not consist of more than assessing the impact of treatment upon the residents. Simple and inexpensive methods yield ample information about the adequacy and appropriateness of treatment efforts. The simplest of these methods is to have residents describe (at least once while they are at the group home) their feelings about the value of their treatment. These feelings can be recorded in a resident questionnaire administered at three month or shorter intervals. The questionnaire's effectiveness depends upon the consistency with which it is administered and the thoroughness with which the results are collected and utilized. You may want to address the following types of resident information in the questionnaire:

- Situation, including information on family, school, and/or jobs
- Perception of what services they are receiving
- Perception of why they are receiving treatment
- Attitude toward the treatment program (e.g., what is helpful and what is not and to what degree)
- View of the actual effect treatment has had on their situation
- Ideas on how to improve the program
- Willingness and preparedness in leaving the program
- Relationship with staff and other clients, family, etc.
- General information about the inverview such as time, date, place, name of interviewer, etc.

The types of questions used to get this information can vary but they should be simply worded and easy to understand. Appendix C-10. includes Current Resident Questionnaire.

Questionnaires are administered to former residents because perceptions sometimes change once residents leave the group home. Therefore, a thorough evaluation requires that the questionnaire be administered shortly after the youth has left the program, one month later, and again after six months. The Former Resident Questionnaire should address the following types of information in addition to the areas addressed in the current resident questionnaire:

- Perception of the treatment program's strengths and weaknesses
- Opinion of the program's effectiveness in preparing them for their present situation
- Activities since leaving the home

Such a questionnaire is included in Appendix C-11.

Treatment is kept consistent by establishing and enforcing formal procedures. These simultaneously organize, direct, and serve as standards because they delineate what the treatment process consists of and how it is carried out. Specifically, treatment procedures (1) identify, explain, and order the various steps of the process, and (2) assign responsibility for each step to a staff person. For example, they might include a description of each one of the following steps in the counseling process:

- Intake interview
- Needs assessment interview
- Treatment plan formulation
- Resident goals and objectives setting session
- Counseling sessions
- Aftercare planning sessions
- Telephone follow-up and aftercare activities

The description should include:

- An explanation of the purpose of the step
- Instructions on how to carry it out
- A description of the minimum expected results

- Details as to when and where each step will take place
- Identification of the staff person(s) involved and their respective responsibilities

Once treatment procedures have been established, four simple activities assures that they are followed. These are:

1. Reviewing case files for documentation of treatment steps and noting the quality of consistency of that documentation.
2. Observing actual treatment efforts and talking with treatment staff on a one-to-one basis about treatment efforts.
3. Talking with residents about their feelings about the value of the program and discussing their treatment plans with them to assess the impact of treatment efforts.
4. Meetings weekly of all treatment staff to enhance the consistency of treatment. Meetings are used to share information on residents, cooperatively develop plans for residents' treatment, and coordinate staff efforts in the delivery of treatment. Each staff person should be allowed ample time to discuss their caseload, after which all staff should evaluate treatment and formulate future plans.

Maintaining Acceptable Behavior

A program structure defines acceptable behavior and provides for consistency in daily house operations. It consists of such elements as schedules, house rules and regulations, and standard operating procedures. The purpose of this section, however, is not to define a program structure, but to explain how management can help maintain a justifiable,, equitable, and consistent but flexible, program structure.

The first step in performing this task is to define the structure. You may want to consider such areas as:

- Program purpose and philosophy.
- Policies and procedures affecting residents (e.g., policy that all residents must participate in their treatment planning and the procedures for doing so.
- General expectations of residents in such areas as behavior, and efforts in own progress.
- Rules and regulations and the consequences if they are broken.
- Schedules.

These specifics must be given a lot of thought to avoid problems caused by contradictory or totally new situations. For example, assume that your coed group home has had a policy of locking the doors after curfew, thus locking out anyone who returns late. Assume also that a rape has recently occured in the area. Is is safe to continue the "locked out if late" policy? Should it apply only to male clients? Should some different procedures be used for curfew? Once your program structure is clearly defined, it should be carefully explained to every resident during admission/intake. It is best to prepare a descriptive statement of program structure simply written and full of explanations and examples. The Resident Agreement included in Appendix C-6 is a sample descriptive statement. Be sure the resident understands the structure. The statement can be signed, dated, and entered in the resident's file.

The most effective means of maintaining program structure is to deal with unacceptable behavior, either by clients or staff, in a rapid and justified manner. This is accomplished in different ways but certain precautions should always be taken to assure that the actions are justified and equitable. Some precautions are:

- Fully explain, in writing what exactly are considered violations
- Detail, in writing, possible actions that may be taken after violation of any particular aspect of the structure
- Immediately record the violation, the circumstances surrounding it, and the subsequent action taken, if any

In addition to program structure being consistent it is equally important that actions taken in response to violations be consistent. It is essential that all violations of program structure are recognized and dealt with. Violations and actions taken, if any, should be recorded in a central log and reviewed by all staff and the case manager or program director. This review should be a second look at the circumstances of the violations and the staff responses. Staff and management should judge whether or not violations in these particular instances are consistent with what has been labelled violations in the past. If there is inconsistency, it is caused either by unclear definition of rules or inconsistent enforcement of the rules. Staff discussion about the matter should identify which it is and if it is the former, it is management's responsibility to see that the definition is clarified for present and future use. If the latter is the case, management should fully understand the reason for the inconsistency and rectify it.

Often inconsistencies are caused by staff members being torn between their role as authority figures and their desire to be understanding and helpful. There are two ways to solve this dilemma. One is not to allow the staff any leeway in interpreting the rules and applying sanctions. If inconsistencies occur, then the staff involved must be reprimanded. Another way is to allow staff to use judgement, but to review that judgement continuously and strive to create a consensus of approach to actions or behaviors which are not clearly unwarranted violations.

Grievance procedures for residents who feel unjustly wronged strengthen the legitimacy of the program in the resident's eyes and management should establish procedures for residents to present grievances against program rules. One such method is to hold meetings with administration, management, staff, and residents to present residents' grievances. These meetings are more appropriate for addressing general grievances, such as discontent over a curfew, than for solving complaints concerning a specific incident. Grievances over a particular incident that cannot be informally worked out between the resident(s) and staff person(s), should undergo a formal grievance procedure. This procedure is most effective if it is characterized by the following:

- A statement by the resident which includes the date of the incident, the resident's view of what happened, identification of the individuals involved (including witnesses), discussion of the methods used in dealing with the situation up to the present time, identification of the individuals involved in these methods, and the resident's signature

- A statement by the staff person involved that contains the same type of information as the resident's statement.

- Impartial third party review of the statements by a disinterested group including administration, staff, and client representatives.

If a solution cannot be reached through third party review of the statements then a formal meeting should be held with staff and resident(s) involved and include those attending the third party review. This meeting should be chaired by the administration's representative. A final decision must be made at this point.

Services Outside the Home

Referring residents to services outside the group home, either to provide additional services or to facilitate continued services to the resident after departure is part of effective resident treatment. It is a function of good management to assure that, (1) the organization, group, or individual that the resident is referred to best meets the resident's needs, (2) the referral process is organized, and (3) required parental permission statements for the release of necessary information are obtained.

Management can do several things to see that the referral is the best available. These are:

- Identify and assess services open to referrals

- Review case files for documentation of referrals' compliance with policies and procedures

- Maintain a record of referrals, including the number, a list of active referrals, a compilation of services provided and those being provided, and assessments and evaluations of referral sources used to date.

- Check the central referral information file periodically for accuracy

- Evaluate the referral resource by asking the resident and staff if the services have been helpful. It is important to evaluate all referral resources regularly.

Identifying available services involves examining the community first, then searching further for services not available locally. Public and private agencies, organizations and programs, associations and civic groups, service networks, individuals knowledgeable in particular service fields, and influential citizens in the community should be contacted. Thr group home representative should explain the program and describe the types of resident needs which require referral services. The information gathered from the possible referral source should include: name, address, phone number, operating hours, contact person, description of the services available, cost, requirements relating to client characteristics, limitations (e.g., who they will not service and why), information requirements, and the process or procedures to be undertaken for continuing referrals. Before making any referrals, a group home representative should visit the possible referral source and assess the entire program. If the assessment is positive, then a formal agreement detailing the procedure for making a referral should be made.

Management should ensure that referrals are based upon a thorough assessment of resident needs. If a resident presently participating in your program is being referred elsewhere to receive services that cannot be provided by your program, then the need for outside services should be documented in the treatment plan. It is simple matter to review the treatment plan to be sure of the need for the referral and its appropriateness.

When a youth is about to leave your program and you plan to provide some type of aftercare, you may want to require the youth and a staff member to meet to draw up a plan. The first step is to identify residents needs upon leaving the program. The specific needs to be met by referral should be recorded. Information collected must include descriptions of how these needs are to be met; the types of services to be provided; the intensity of services, and the timing of service. An Aftercare Needs Assessment is included in Appendix C-12. Such a form should be for internal use only to help the counselor and resident in the formulation of an aftercare plan.

The form which precedes the residents to the referral program or service need not be as detailed but must include the resident's signature and parent's signature for permission to release the necessary information for referral. This information includes:

- Name of the program to which the referral is being made
- Resident name, address, phone, age, and date first admitted
- Date referred
- Description of resident's situation (e.g., family, school, work, progress to date in present program)
- Description of resident's needs (e.g., family, education, work needs, physical, emotional, intellectual, cultural needs)
- Services needed (e.g., alternative schooling, vocational training, family therapy)
- Future contact planned (e.g., phone once a week by counselor, visit once every two weeks by volunteer aftercare worker)
- Contact person (e.g., director of program to which resident is referred)

A Resident Referral form is included in Appendix C-13.

Finally, monitor the referral process to ensure that group home policies and procedures are followed. Reviewing resident files for needs for referral services is a part of monitoring. Monitoring the rest of the referral process includes the following:

- Maintaining a central file of systematically organized information on each referral resource, including information gathered during the initial contact, any subsequent contacts, evaluations, and including the formal referral agreement.
- Including in the resident file a record of the date of referral, actual services provided through the referral, reason for the referral (needs assessment) and general comments.
- Centralizing and recording of appropriate forms and needed information for the referral process.

Resident Records

The specific contents of resident records vary according to the type of group home. But there are common guidelines that should be considered when deciding what type of information to include. Other issues to consider in recordkeeping are design, organization, content, confidentiality, and consistency.

You should keep only those records which meet necessary information needs. To do this, you need to identify: (a) information you presently need, (b) information you will need in the future, and (c) information you anticipate needing. It helps to divide the information into two categories:

(1) information for internal use (e.g., case notes, admission/intake forms) and (2) information for external use (e.g., resident statistics, referrals made). Care should be taken to include in information for external use any records required by funding sources and other monitoring agencies. The most common resident information requested is:

- Number of residents served
- Resident's age, race, sex, presenting problem
- In-house services provided
- Services provided through referrals
- Averge length of stay
- Resident's placement after leaving the group home
- Cost per resident

Resident records should address two levels: (1) the general level of daily resident behavior; (2) the more detailed level of specific personal, social, psychological, educational, and vocational inforamtion.

The first level of information includes staff observations and comments on each resident's behavior, activities, and attitudes. This information is generally observable and not strictly confidential. Still, residents should not be allowed to see staff comments on other residents. These observations and comments should be recorded in a central log for the purposes of informing staff of recent events and resident behavior. This information should not include anything confidential. The information in this log may be useful to casework meetings, supervision sessions, and administrative personnel. First-level information should also include records of any serious incidents that occur -- date and time of the incident, names of individuals involved, nature of the incident, and disposition or details of any disciplanary action.

The second level of information in resident records is in the resident case file. Although all of this information is not confidential, most of it is mixed with confidential information, so it is suggested that the entire file be kept in a locked cabinet or room. A standard case file might include the following:

- Face sheet
- Parental permission form
- Court order or other formal authority for the placement of the resident
- Referral information form
- Diagnostic reports, social studies, and case histories

- Resident agreement with program statement (rules, procedures, etc)
- Health record
- School and employment records
- Resident's daily schedule
- Individual treatment plan
- Case notes
- Records of violations of program structure and disciplinary action taken
- Notation of exemplary efforts or positive contributions to the program
- Aftercare needs assessment
- Aftercare plan
- Record of release
- Confirmation of placement
- Follow-up contacts

Samples of these forms are in Appendices C.

The fact sheet should be first in every file and contain basic information that is needed frequently such as:

- Name
- Date and place of birth
- Race and sex
- Date of admission to the group home
- Referral source and contact person (e.g., lawyer, probation officer, social worker)
- Presenting problem
- Parents' name and address, relatives' name and addresses, and significant others' names and addresses
- Pertinent medical information (if available)
- Name of person to be contacted in an emergency

- Date of release from the group home (to be added when released)
- Reason for release from the group home (to be added when released)
- Placement of youth when released (home, independent living, training school, etc. (to be added when released)

A second consideration in records design is the method in which the information is collected. A few basic guidelines should be followed:

- Methods of information collection should place the least burden upon direct service personnel.
- Direct service staff should be involved in creating any new records and forms and in reviewing and modifying existing records. Since they are closest to residents and often administer a majority of forms, they are knowledgeable on the best ways to collect information and best ways to measure the effectiveness of the form.
- Records and forms should be collated to prevent duplication and make information easier to retrieve (e.g., every resident file should contain a face sheet which summarizes essential resident characteristics).

The first step in organizing records is to place either an individual or a committee in charge of the records system. In smaller group homes (staff of 5-10 and residency of 10-20), it may be possible to have an individual in charge and a committee responsible for periodic review of organization, content, and confidentiality. Establishing direct responsibility for records should make for a more efficient and usable system.

Other suggestions for organized records are:

- All resident records should be kept in a master resident file; larger programs should maintain a master file containing a copy of records from each program unit.
- All resident records should be standardized and each resident file should contain the same standard set of records.
- Resident files should be indexed for easy access. This can be done alphabetically, by number, by resident status, or by referrals source.
- Resident files should be accessible to authorized personnel only. To prevent unauthorized access, they should be in a locked file cabinet or room.

Periodic review of resident files to check for the appropriate forms is one way of ensuring that staff is at least following program procedures in providing services to residents. Review can also help to refresh the reviewers as to the status of individual residents. Additionally, the reviewer gets a feeling for the status of the entire group home population and, as a result, greater insight into the state of the program, resident problems, and difficulties staff may be encountering.

However, simply for monitoring purposes (checking to see if appropriate forms are filled out and in the file), the reviewer may decide to maintain a Records Checklist for each file summarizing its condition. The file might also include a Records Review Sneet consisting of a list of each form expected to be in the file, possibly time periods by the end of which the forms are to be completed, special instructions for staff, and space under each item on the list so that the reviewer could write comments. The review sheet should also be used by the staff person responsible for the file as a record of what he has to do to meet recordkeeping standards. A Records Checklist and Resident Review Sheet are included as Figure IV-2 and IV-3.

FIGURE IV-2

Records Checklist

Name: ____________________

_____Fact sheet Date: ________________

_____Social History Date: ________________

_____Psychological evaluation Date: ________________

_____Previous complaints filed Date: ________________

_____Juvenile Court placement order Date: ________________

_____Parent and youth pre-admission conference Date: ________________

_____School records request Date:________________

_____Birth certificate Date: ________________

_____Parent information Date: ________________

_____Parental activity and medical consent Date: ________________

_____Physical examination Date: ________________

_____Medical records Date: ________________

_____Dental records Date: ________________

_____Treatment plan at admission Date: ________________

_____Clothing inventory on admission Date: ________________

_____Teacher and course list Date: ________________

_____Petty cash Amount: ______________

_____Free lunch forms filed Date: ________________

NOTES: ____

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FIGURE IV-3

Records Review Sheet

Date Reviewed ____________________ by ____________________________________

Counselor ________________________ Date work completed __________________

1. Alcohol survey form
2. Intake form
3. Parental permission form (including date, time, and person)
4. Contract form completed and signed with date
5. Goals/objectives outlined in contract must have a projected date of attainment
6. Notations on goal attainment must be attached to contract. Contract revisions must be attached.
7. Voluntary agreement prior to being admitted to program
8. Medical release form signed and dated
9. Case Notes
    a. Notations of emergency services by group home or through referral
    b. Initial interview indicating presenting problems
    c. Daily notations of significant events and discussions with youth individually or with group
    d. Notations indicating disciplinary measures (i.e., restrictions)
    e. Notations of contact with parent, guardian, social worker, lawyer, probation officer or others associated with resident including date of contact and time.
    f. Notations of family counseling sessions identifying participants and areas of discussion and outcome.
    g. Notations of aftercare planning session indicating participants and plan
    h. Notations indicating whether youth and/or guardian gave permission for follow-up
    i. Notations indicating discussion of client/file confidentiality

60

j. Social summary with basic background information. Must be completed at time of aftercare needs assessment

k. Notation of how youth left program ... if guardian picked up, if group home provided transportation and documentation of mandatory twelve hour call, if youth left on public transportation or by his/her self.

10. Aftercare Needs Assessment (must be dated and signed by youth and counselor)

11. Aftercare Contract

12. Updated on progress of aftercare contract goals, etc.

13. Aftercare referral form

14. Follow-up form completed

15. Contact with former residents and services provided should be attached to follow-up form

16. Follow-up form in aftercare log book up to date

17. Client information sheet

18. Other needs/comments:

Keeping Records Confidential

Maintaining confidentiality of records is necessary if your group home is to retain its credibility with its residents. In addition, most group homes are subject to local, state, and federal laws on confidentiality of resident records. Confidentiality restricts, (a) access to resident records, (b) reproduction of resident records, and (c) collection of information from these records and the uses of the information.

Although confidentiality laws vary widely and in many instances are not recorded at all, it pays to take extra precautions so as to avoid confidentiality controversies. Some suggestions on how to assure correct observation of confidentiality are:

- Only those group home personnel who have a justifiable need for resident information should be allowed access to the records. All information retained by such personnel is confidential. Unauthorized dissemination should be punished, and legal action should be taken, if necessary. Other staff may obtain access to specified information only, with written permission from residents over 18 and from parents or guardians if under 18. This permission should specify the information to which access has been granted.

- All parties outside the group home desiring access to information in resident records must request it in writing, on letterhead stationery, to the resident or parents or guardian specifying the information needed. The request should include why the information is needed and how it will be used.

All, or any part, of resident records may not be reproduced without the express written consent of the resident, his parents, or legal guardian. Confidentiality considerations affecting the collection and/or dissemination of information from resident records are:

- The amount and type of data collected should not be more than is intended to be used for the original purposes of the collection.

- Data collected is confidential unless it is used without any identification of the individual to whom it pertains.

- All data collected should be objective and factual, not subjective, predictive, or diagnostic.

One final factor which the management of resident records should take into consideration is provisions for records retention. Retention requirements vary widely so group home management should consult with the proper local, state, and federal agencies and examine local, state, and federal laws for guidance.

Chapter V

FINANCES

Financial management in the group home can be divided into two broad, interdependent categories: planning and accounting. Each process defines information which the other process utilizes. For instance, successful program planning is dependent upon knowing about financial resources on-hand and projected income. Financial planning, in turn, is dependent upon information such as short-term objectives and long-range goals of the program. Neither process occurs before or after the other; there is no formal order of procedure. Rather, visualize both processes occurring simultaneously and continuously feeding into each other.

At the same time, each process is not completely limited by the other. For example, program planning includes the setting of short-term objectives and long-range goals. Setting objectives is partially guided by actual on-hand financial resources and projected income. Long-range goals, however, need not reflect or be limited by predictions of future income. Instead, long-range goals should be formulated exclusive of any financial considerations. Your future goals should determine the type and amount of financing to strive for, not the opposite.

Planning and Budgeting

Important activities included in the financial planning process are:

- Recording actual financial resources on-hand and comparing them with total known financial resources allows management to make realistic modifications in the program plan. For example, if a planned program component has a projected annual cost of $10,500, but a comparison of on-hand resources with total resources for the year reveals that the program is already $30,000 in the red for the year, then (1) cutbacks in the program are in order or (2) implementation should be postponed to a later date, or (3) additional financial resources must be assured. To determine resources on-hand, you simply subtract expenditures to date from your total budget.

- Income projection or estimating anticipated financial resources requires specifying the source of financial resources and the times when they will become available. Income projection coupled with an assessment of on-hand resources serves as an essential guide to short-term planning.

- Budgeting for planning is the systematic allocation of on-hand and projected financial resources between program components to achieve the group home's short-term objectives. Various types of budgets organize the allocation information in different ways in order to present varying pictures of the financial status of the group home. However, all budgets (1) organize resources so that planning is more accurate and (2) document the program's financial planning in order to meet standards, and independent audit and funding agency requirements.

Five basic budgets which can be used in the planning process are:

1. Planning budgets organize and list by source projected financial resources as compared to listing projected program expenditures by program component. Such a comparison reveals the projected financial status of the program in terms of surpluses and/or deficits. This, in turn, reveals the degree to which additional financial support is necessary. The following is a sample planning budget for a five-year period.

Income	FY-79 Current Operating Program Budget	FY-80 Planning Budget	FY-81 Planning Budget	FY-82 Planning Budget	FY-83 Planning Budget
1. LEAA	80,000	80,000	0	0	0
2. United Way	30,000	30,000	30,000	30,000	30,000
3. Exxon	5,000	10,000	15,000	20,000	25,000
4. FABT Foundation	15,000	15,000	25,000	25,000	35,000
TOTAL	130,000	135,000	70,000	75,000	90,000
Expenditures					
1. Education	35,000	37,000	40,000	42,000	43,000
2. Counseling	45,000	48,000	50,000	52,000	53,000
3. Support Services	25,000	29,000	31,000	33,000	33,000
4. Building Renovation and Maintenance	25,000	15,000	5,000	1,000	1,000
TOTAL	130,000	129,000	126,000	128,000	130,000
NET: Surplus/ Deficit	0	6,000	(56,000)	(53,000)	(40,000)

2. Line item budgets list the program item and its cost for a specified period of time. This is the most basic budget because it indicates the allocation of on-hand financial resources. A group home with 12 beds might have the following line item budget:

Personnel	
Director (1)	$12,000
House manager (1)	10,000
Counselor (4)	38,000
Street worker (1)	9,500
	$69,500
Food	
(52 weeks)	$ 9,360
Medical	
Emergency	$ 2,500
Check-ups	1,000
	$ 3,500
Repairs	
Plumbing	$ 2,000
Roof	1,500
	$ 3,500
TOTAL	$85,860

3. Program budgets organize various line items under program component headings in order to determine the total budget for each program component. This allows for easy comparison of total financial resources allocated to each program component. Below is a sample program budget.

Education Program	
Materials	$ 2,000
Staff (2)	
- salary	17,000
- benefits	500
Facility	
- rent	3,000
- heat	1,200
- renovation	5,800
	$29,500

Counseling Program

Staff	
- counselors	$40,000
- psychiatrist (part-time)	5,000
	$45,000

Support Services

Food Service	
- Staff	$12,000
- food	9,360
	$21,360
Medical	$ 3,500
Transportation	140
TOTAL	$99,500

4. Performance budgets list the costs required to achieve the desired program performance. You may want to compare these costs to other costs in the system, such as state juvenile institutions, to arrive at simple but influential data. A sample performance budget is as follows:

	DIRECT COSTS	INDIRECT COSTS	TOTAL COSTS	COST PER CLIENT
Education Program Goal: 100 clients	20,000	10,000	30,000	$300/client
Counseling Program Goal: 100 clients	45,000	0	45,000	$450/client
Recreation Program Goal: 100 clients	15,000	8,000	23,000	$230/client
PROGRAM TOTALS Goal: 100 clients receive all program services	80,000	18,000	98,000	$980/client

5. Monthly budgets show the fiscal resources of any program item per month compared to the actual expenditure on that particular item. The overall budget can include any number of separately listed items. The purpose of such a budget is to break down the program budget into manageable units of time. This allows management to monitor more closely the differences between the

planned or budgeted amount and the actual amount expended. This difference can be called the net surplus (or deficit). As seen below, this budget may also indicate budgeted resources, actual expenditures, and the net surplus or deficit for the year-to-date. Management should be able to base program modifications and/or financial plans upon these totals.

	Month of June, 1978			YEAR-TO-DATE (FY Jan 1-Dec 31)		
	Budgeted	Actual	Net	Budgeted	Actual	Net
Financial Resources						
Grants	6,666	6,666	0	40,000	40,000	0
Contracts	500	750	250	3,000	4,500	1,500
Contributions	4,000	2,500	(1,500)	24,000	20,000	(4,000)
TOTAL	11,166	9,916	(1,250)	67,000	64,500	(2,500)
Expenditures						
Salaries	8,000	8,000	0	48,000	48,000	0
Benefits	500	500	0	3,000	3,000	0
Renovation & Maintenance	600	1,500	(900)	2,400	2,500	(100)
Support Services	2,000	2,500	(500)	9,000	10,500	(1,500)
TOTAL	11,100	12,500	(1,400)	62,400	64,000	(1,600)

Accounting Methods

Accounting consists of recording, summarizing, and analyzing financial transactions in a chronological and orderly fashion. It includes recording resources on hand, debts owed, and financial projections for the future. Obviously, a primary purpose of an accounting system is to provide information for sound decision making. Other purposes include documentation for auditing and justification of expenditures for grant accountability.

Setting up and maintaining an accounting system to meet all of these purposes is difficult. You should collect and examine all accounting practices and standards which apply to your organization and any requirements of your funding sources. A professional accountant, although expensive, should be consulted. Your organization's credibility may depend on acceptable accounting practices.

It is a wise practice to hire an individual with accounting and bookkeeping experience to be responsible for maintaining the homes' financial affairs.

The accounting system you use should be tailored to your program's needs. Again, this is where a professional can help. Still, there are common elements in all accounting systems which can be discussed. These elements are basics for making financial planning easier. They are as follows:

- The Income and Expense Statement reports the amount of financial resources that have come into the program during a specified period and records the expenditures during that period. For instance, program X reports an income of financial resources of $ 9,000 and expenditures of $12,000 during the month of June, 1978. The statement may also contain a breakdown of these figures identifying the sources of income and the areas of expenditure. The resulting difference between the income and the expenditures (in this case a $3,000 deficit) should be added or subtracted (surplus or deficit) from the balance of program funds on-hand in order to keep track of program assets. For instance, program X must subtract $3,000 (its deficit for month of June) from its fund balance of $9,000 which leaves it with assets of $6,000.

  A sample income sheet appears as follows:

Income	Month-June	Y.T.D.	Budget	Over(Under)
1. United Way	$ 2,000	$15,000	$ 30,000	0
2. Federal Grant	4,000	27,000	52,000	0
3. State Grant	2,000	12,000	24,000	0
4. Pvt. Contributions	1,000	5,000	30,000	(25,000)
5. Etc.				
TOTAL	$ 9,000	$59,000	$136,000	(25,000)
Expenses (by Category)	Month-June	Y.T.D.	Budget	Under(Over)
1. Education	$ 4,000	$28,000	$30,000	$ 2,000
2. Counseling	4,000	20,000	52,000	32,000
3. Support Services	3,000	15,000	24,000	9,000
4. Building Renovation and Maintenance	1,000	10,000	30,000	20,000
TOTAL	$12,000	$73,000	$136,000	$63,000
NET INCOME(DEFICIT)	(3,000)	(14,000)		
BEGINNING FUND BALANCE	9,000	20,000		
FUND BALANCE TO DATE	6,000	(6,000)		

- The Balance Sheet identifies total program assets and liabilities at a specified time, perhaps every six months. The sheet should compare assets to liabilities so as to indicate the remaining fund balance. Notice that assets equal liabilities plus fund balance, and that this fund balance must equal the fund balance total on the income and expense statement.

For example:

Assets		
Cash	$ 500	
Accounts Receivable	12,000	
Prepaid Expenses	4,500	
Equipment-Net (less depreciation)	500	
Land, Building	$37,000	$59,000 (Sub-Total)
Liabilities		
Accounts Payable	$24,000	
Mortgage Payable	40,000	
Deferred Income	9,000	$73,000
Fund Balance (Asset-Liabilities)		-5,000

- The Development Report specifies by source the financial pledges to date, actual income during the month, year-to-date results, and the goal. The following chart shows that the report might look like:

Source	Pledges to Date	Actual Resources Secured	Year-To-Date Results	Goal
Indv. Contributions	$ 3,000	$ 500	$ 6,000	$25,000
Foundations	30,000	2,000	16,000	50,000
Charities	1,000	1,000	1,000	5,000
Other Donations	250	50	300	2,000
TOTALS	$34,250	$ 3,550	$27,300	$82,000

- The Cash Flow Chart reports financial commitments to your organization (funding, pledges, purchase of service payments, etc.) and indicates when these commitments will materialize, including when to bill for payments and when they will be received. Given this information, you can plot and match incoming financial resources and estimated expenditures for the fiscal year and then anticipate the weak times in your cash flow. This enables planning ahead of time to strengthen the weak spots.

The financial narrative describes the program's financial status to date and analyzes its projected financial status. In addition to pointing out any unusual situations, this narrative might also include:

- A comparison of budget resources and expenditures and actual resources and expenditures to date.

- A description of actual cash on-hand and projected cash flow.

- An explanation for deviations from the program operating budget.

Managing Grant Money

Group home survival often depends not only on the quality of care to residents, but also on the quality of maintenance of grant records. Accounting for grant management is not inconsistent with the procedures described above, but some added considerations should be mentioned.

Accounting data for grant management serves two purposes: (1) measurement of financial position of the grantee, and (2) measurement of the various parts of the grant activity for purposes of internal management. A primary purpose of accounting is to provide documentation for auditing required by funding agencies.

It is absolutely necessary to meet all stipulations and requirements that accompany a grant. Of course, these vary greatly from grant to grant. However, financial accounting deficiencies common to projects receiving federal grants cited in a manual entitled, Common Sense on Project Management by Arthur D. Little, Inc., may serve as a guide on what to avoid.

- Amounts reported on monthly, quarterly, and annual reports are not readily traceable through the grantee's accounting system, and consequently, financial records are not in an auditable condition. The records do not:
    - separately account for and identify expenditures by the various budget categories;
    - identify federal and local matching portions of the project's cost;
    - identify funds by federal fiscal year; and
    - document cash outlays or receipts.
- Policies and procedures are not established to control the accountability and identity of non-expendable property purchased from grant funds and;
    - No property control records are maintained;
    - No complete physical inventory has been taken and recorded annually; and
    - Property is not adequately labeled or marked to indicate ownership.
- Funds expended are questionable as a result of inadequate documentation such as time and attendance or equivalent records, invoices, receipts or returned checks;

- Accounting worksheets supporting expenditures did not make reference to any supporting documentation. The individuals rendering the personal services and/or data of such services are not always identified; none of the individuals are required to certify that the services rendered were related to the project; the amounts rendered for equipment, supplies, and material are estimated; thus, no documentation is available to support such claims;

- Funds are expended for items not included in the budget and several budget categories are overspent;

- Adequate procedures are not developed to determine grantee cash needs. As a result, the grantee maintains an average monthly cash balance that exceeded its total average monthly disbursements by several hundred dollars; and

- Formal agreements or contracts to support charges for consultant fees made to private individuals do not exist. Other contract files are inadequate because they fail to identify if the selection of the contractor had involved the securing of competitive bids for proposals from a group of qualified organizations.

Chapter VI

COMMUNITY RELATIONS

Your group home's relations with the community are important. The community -- local individuals, groups, organizations, and governments -- can have a real or potential influence upon your program. This influence primarily comes in the form of resources and support, or resistence and outright opposition. The effort which you put into managing community relations directly affects which of the two, support or opposition, describes your program's relationship with the community. Effective management of relations insures that resources and support are maximized while resistance is neutralized and opposition is minimized.

Managing community relations consists of careful planning and execution. Although there are always many variables involved, the management of relations can be broken down into a general process of three phases. First, group homes should take the initiative in establishing a position in the community. Guidelines are offered for deciding on and establishing the position that will maximize the benefits to the group home. Second, there are ways of approaching the community that both strengthen resources and support, and lessen opposition. Methods for approaching the community are discussed. Finally, it is important to utilize resources and use the community to help build support. Community volunteers, your board, speakers bureaus, community advocacy efforts, and coalitions are discussed in terms of their potential contributions to group homes.

How Much Involvement?

The first step in establishing your position in the community is to take a look at your program objectives and decide to what degree you need to get involved in the community or get the community involved in your program in order to accomplish those objectives. Look at your objectives in terms of the following:

1) Types of community resources and/or support that will be required in meeting the objectives (e.g., volunteers, financial contributions, and donations of space in buildings)

2) Amount of resources and/or support that will be needed (e.g., number of volunteers, level of contributions, and number of donations)

3) Degree to which the community needs to be aware of and, perhaps, approve of your program's objectives (e.g., what people in the community need to know about the types of residents your program is serving).

For instance, assume that a group home has as one of its objectives to provide counseling and referral services to community youth on an outreach basis. The community resources needed might include:

- Five volunteer outreach workers each devoting 6 hours per week to identify youth in need of services
- A contact in each public school in the community capable of identifying needy youth and referring them to an outreach worker
- Contributions from private individuals, groups, agencies, and/or funding from foundations, charities, or government agencies, to pay for personnel and administrative costs
- A donated van for outreach worker transportation and for transportation to activities for the youth involved in the outreach program.

For the outreach program to be a success you might need to have the support of community members such as police, school officials and teachers, youth workers, selected parents, and government officials. Additional support from youth serving groups and programs such as Boy's Clubs and counseling and treatment centers should add to the chances for success.

It may be wise to inform individuals, groups, and organizations about the outreach program even if they have no apparent interest in or involvement with youth. For example, groups as diverse as a council on business, the local preservation society, and the local chapter of the Veterans of Foreign Wars may be considered potential allies or, at least, need to be respected as potential obstacles to the success of the outreach program.

After you examine your needs, you should identify the resources and support that are available in the community. Identifying the maximum amount of resources and support requires that you consider two areas.

Contact existing programs, groups, and organizations that are involved in the same subject area as your program and ask them what other organizations working with youth exist in the community. Government departments or offices responsible for issues relating to your program's areas are an excellent source for listings of community resources. Also, find out what services they provide, to whom, and under what conditions. Ask if they make and accept referrals. Contact newly identified resources for the same information. It will prove helpful to fill out a card on each resource specifying contact person(s), addresses, phones, services, type of clients accepted, and referral requirements at this time and place it in a central file for future reference.

Once you know the organizations that share the field with your program, identify people in the community who could have a bearing on your objectives. Consider individuals and organizations which may either become directly involved in your program's area or may influence others. This means you should know who is in a position of power and also those who influence the powerful. For instance, local government officials often have significant influence over what does or does not get done in a community but community groups, business organizations, and powerful individuals often dicate how that official acts.

Gauging Community Attitudes

You must recognize that the community is made of various people, groups, and organizations which all have the potential of taking a position vis a vis your program. They can be unaware, indifferent, opposed, or supportive of your program. The important thing to note is that they all can have an influence on the success or failure of your group home.

Since it is nearly impossible to poll the entire community to get an understanding of how your group home is perceived, it may be helpful to go by some guidelines when determining your program's position in the community. Studies, particularly a study by Robert B. Coates and Alden D. Miller, entitled "Neutralizing Community Resistance to Group Homes" (in Juvenile Correctional Reform in Massachusetts, published by the National Institute of Juvenile Justice and Delinquency Prevention) have shown that certain community characteristics are linked with the degree of community resistance to a group home. Briefly, there are four general types of communities which react to group homes in different ways. Community reaction is caused by a combination of community characteristics and the manner in which the group home is perceived. Community perception, in turn, is influenced by many factors, primarily the approach the group home uses in dealing with the community. The four general types of communities and the group home positions that seem to increase the chances of survival in each type of community are as follows:

1) Communities with mobile and diverse populations which are not capable of organizing around issues. In these communities, there is little interest in group homes so, although there is little initial resistance, there is also a lack of support. Programs in this type of community should assume a low profile. If achieving program objectives requires community resources and support, then programs should select a few influential citizens and groups which have shown support for purposes similar to the program's purpose and cautiously approach them for support. Hints on how to approach individuals and groups for support are discussed in the next section.

2) Communities with mobile and diverse populations which are capable of organizing around substantial issues. In these communities, it is the immediate neighborhood which has the most interest in the group home. Well-prepared staff and clients who approach the immediate neighbors on a personal basis to explain the program and ask for support has proven to be successful for the group home. The program should also use supportive individuals and groups in the community to gain introductions to powerful individuals and groups in the larger community.

3) Communities with mobile and diverse populations not capable of organizing but with a strong local government that plays a central role in what happens in the community. The group home's position in these cases should be to win over or at least neutralize selected influential individuals in the local government or the individuals and groups which have the most influence on the government officials.

4) Communities with stable, unified populations that are capable and experienced in organizing around issues. These types of communities can be the most threatening to a group home. Assuming the best position vis a vis them requires that the group home acquire support both from influential individuals and groups on a grassroots level. One of the best methods for obtaining grassroots support is to encourage the community to view issues that the program is involved with as issues which directly affect the community's wellbeing. Point out that problems facing the community are problems which the program is designed to help solve. Supportive influential individuals and groups can be effective in drumming up grassroots support.

Approaching the Community

If you want to approach the community for resources and support, there are certain points which you may want to consider regardless of the type of community. These are:

- Do your homework. Gather data and other documentation which clarifies the need for your program and provides evidence of what your program has done and can do. Use data and other supportive information such as letters of support, and favorable media reports that command respect in the community.

- Present accurate and relevant information about your program in an organized manner. Prepare a brochure describing such things as goals and objectives, methods, services, clients, involvement with the community, funding and sources of support that are respected in the community, and a contact person available for more information. You may also want to prepare a detailed program statement which identifies the need for the program and provides details on organizational structure, board, administration, staff, clients, budgets, funding, or assets. Such a statement is useful in attempts to raise funding or gain supporters in powerful positions. Present hard information while avoiding reliance on rhetoric or program symbols, such as cliches about rehabilitation or splashy program names. These often lead people to stereotype your program or make incorrect assumptions.

- Be honest about your program's strengths and weaknesses while emphasizing the strengths and actions being taken to eliminate the weaknesses. Do not exaggerate what your program is doing for the community, but don't underestimate the power of asking for help.

- Remain aware of established opposition to your program and be sensitive to newly developing opposition. There may not be much you can do about established opposition but you can stifle the growth of emerging opposition. Listen carefully to what the individuals or groups voicing the opposition are saying. Don't be fooled by rhetoric or symbols but look for the issues behind them. If the issues do not reflect your program or you have already taken steps to remedy them, then let the opposition know in an honest, straightforward manner. If the issues address real problems involving your program, invite the opposition's input into seeking solutions. Allow them to feel as if they have had an impact on your program, as long as this impact is constructive.

- Take an active role in community activities. Encourage staff and clients to sponsor and/or join in on voluntary services to the community such as neighborhood clean-ups, recycling efforts, and services to the elderly. Join and encourage staff and clients to join community groups which make decisions having an impact on your program. Do not hesitate to point out in your program description and through other means that your program contributes to the community in many ways in addition to its primary purpose.

Utilizing the Community

There are many ways to utilize community resources and below are some of the more common and helpful approaches to developing these resources to help the group home achieve its objectives. All of these approaches require careful planning and organization. It is important to recognize that community support is a volatile force which, if not properly handled, can quickly evaporate. Furthermore, if support is offered but not used or used improperly, it can become a source of opposition by the community. The best way to avoid problems with misuse of support is through planning. Planning should be an essential part of the initial processes of identifying and soliciting resources. Thinking things through at this stage will prevent inappropriate use or mismanagement of support.

Volunteer Support

The most traditional form of volunteering in the group home is in direct support roles to both staff and administration. Yet, many homes do not plan for the effective use of volunteers even in these more traditional roles. Some of the steps that can be taken to prevent the misuse of this valuable resource are as follows:

- Define what volunteers will do. Consider the following:
  - -- Identify the program areas that need support by asking staff about types of support needed and how it can best be provided. Also, ask residents about services they would like to receive.

76

  - -- Identify volunteers' motivations by asking volunteers before and after they begin at the home about their expectations and reasons for volunteering.
  - -- Formulate job descriptions based on a realistic assessment of what volunteers can do.

- Do not be misleading or use inaccurate information in recruiting volunteers. Recruiters should not promise positions or roles that are not open to volunteers. Volunteers should be told about actual responsibilities when they first inquire.

- Screen volunteers in order to (1) eliminate those applicants who would not make good volunteers, and (2) give applicants enough information about the job, the program, and the clients so they can make informed decisions about being a volunteer. Volunteer applications should elicit enough information on backgrounds, interests, and motivations of potential volunteers so as to give an indication of their desirability. Formal interviews will help both the potential volunteer and the group home to learn more about each other before making a commitment.

- Train volunteers in-house and provide opportunities for further training in the community. Training ranges from orientation to teaching special technical skills. On-the-job training is the most cost-effective method for volunteers. However, to be successful, it must be well-structured. This structuring should include:

  - -- Formulating objectives for the volunteer to achieve by the end of the training period (e.g., able to administer intake procedures)
  - -- Matching the volunteer with a staff member or an experienced volunteer who is responsible for supervising the new volunteer
  - -- Holding periodic meetings either individually or as a group with all the volunteers to give them feedback on their efforts and to answer their questions
  - -- Evaluating each volunteer's efforts periodically, examining their progress toward the training objectives and identifying further training needs.

- Support and encourage volunteers by giving them recognition and increased responsibility as they develop their skills.

Speaking to the Community

A speaker's bureau, composed of knowledgeable staff, board members and outside experts, can be created to inform and educate the community about group home objectives and issues. Speakers can address meetings, rallies, conferencies and classes, as well as act as informed sources of information and instruction. They should actively seek out opportunities to talk about the group home.

Organizing a speaker's bureau is sometimes too large a job for one group. Similar organizations should band together to sponsor speakers. Speaking activities should be coordinated by a public relations person and staff representative who find appropriate speakers, locate appropriate forums and publicize a speaker's activities. The coordinators also should prepare informational literature and audio-visual materials the speakers can use in their talks. The following suggestions will help in developing a speakers' bureau:

- Develop for potential audiences a list of subjects your speakers address.
- Recruit speakers who are willing to become informed on selected subjects, as well as qualified experts on the home staff or in the community.
- Maintain a file on each speaker to help fill requests and publicize talks. It should include the speaker's topic preferences, background, relevant memberships and affiliations, past speaking experience, and times when available to speak.
- Suggest speakers visit the group home so they become better informed about your programs.
- Help speakers by keeping them current on issues and events effecting the home and the community.
- Develop background materials, including statistics and other data, to help speakers respond to routine questions.
- Maintain lists of audio-visual materials available to speakers.
- Publicize speaker bureau activities. Contact organizations that may be interested in hearing from your speakers, such as government agencies, unions, civic, business, and professional associations, youth groups, religious groups, clubs, classes, and other special interest groups.
- Keep a central schedule for all speaking engagements -- who spoke, size and character of the audience, and a copy of the speech.

- Record all requests for speakers, noting such information as type of speaker wanted, name of group making the request, details about the audience, names of other speakers to be present and program format. Obviously, this information should be shared with your speaker.

Publicize Your Work

The popular press -- newspapers, magazines, radio, television, and other outlets -- is another way to educate and inform the community about your group home. However, while speakers can address general topics, media reports must focus on specific events, people, or issues. Before using general media, you should pinpoint and define your needs. These steps should help you focus your publicity strategies:

- Define your goals -- what do you want the publicity to produce or cause to happen?
- Define the theme -- what are the basic ideas you want to communicate?
- Identify your audience -- What kinds of groups or individuals do you want to reach?
- Pay attention to organizational details -- Assign a publicity director, establish a budget, and set a time frame for your publicity drive.

There are two basic ways to publicize your work -- mass media reports and constant public relations work. The mass media addresses a general audience through newspapers, magazines, television, and radio. These are most readily accessible through press releases and public service announcements developed by your group. Most television and radio stations aid public service announcements for organizations and programs to help the community or serve a needy group of people. There is much competition for this free air time -- frequently no longer than 60 seconds -- and group homes wanting to place their public service announcements should concentrate on the community service angle.

Press releases about your group home and its activities should be based on a specific, noteworthy event. General "backgrounders" are likely to get lost on editor's desks. They should begin with the most important and essential information, written in succinct paragraphs and without self-serving embellishment, then end with basic information about the group home and its purposes. For instance, press releases are an effective way to announce to the community an upcoming "open house" when members of the public are invited to tour the group home. Since press releases are timed to a specific event, they should be sent to editors of daily newspapers at least a week in advance. Less frequent publications need even more notice.

Public relations consists of a variety of activities that all contribute toward presenting the best and most accurate picture of your program to the general community. Whereas a popular media campaign aims to present your story in a number of single reports, public relations is a constant effort to keep a proper image of your home in the public eye. Public relations strategies include:

- Pamphlets, fact sheets, brochures, and hand-outs with information about your program, including statistics, program history, funding details, and general information on residents
- Newsletters published regularly with reports about your activities and progress
- Direct mailings to enlist help on special occasions, such as a fundraising drive
- Special events to attract attention to your home and to raise funds, recruit volunteers, or honor supporters
- Advertising, using slogans or logos showing your home's character and unique identity, reminds the community about your services.

The success of any publicity campaign in large part depends on the skills and credibility of the people representing your group home. They may be board members, volunteers, administrative staff or outside experts. These people are often the link between a group home and the larger community and their actions may reflect on your home. For instance, an invaluable public relations asset is a committed board member who uses his influence in the community to garner support for your home. Similarly, a knowledgeable and respected juvenile justice expert who vocally supports your program, may strengthen your place in the community more than any newsletter.

A group home should never lose sight of the community it serves or of the possibility for greater support and cooperation. Choose your representatives carefully -- they are the source of your best publicity. More information on mass media and public relations is available in Publicity Strategies, Arthur D. Little, Inc.

Advocacy in the Community

Advocacy here means using persuasion and influence to change the existing system and further the interests of a select group. It involves using volunteers from the community as advocates for your program or for causes related to your work. It is a further development of the use of volunteers and interaction in the community to the point where volunteers act as your agents for change within the community. There are two variables in an advocacy effort: the degree of involvement and the degree to which your program directs it.

One way to bring about changes in the community is to encourage individuals to rally around a cause and to take action to further it. In this type of effort, your program's roles are as initiator and guide. You avoid any direct involvement in the advocacy activities because they can drain staff and administration resources and expose your program to criticism and opposition. Advocating change can raise suspicions and mistrust, especially when a small organization like a group home seems motivated by only self-interest. On the other hand, broad-based community groups joining together to call for change are more readily accepted by the public. They have more credibility in the community because they serve a larger group of people than a group home. Your program's role is to pull these groups together, motivate them, and help them organize their advocacy effort.

The first step is to identify the areas in which change would help your program or its objectives. Once the cause or change has been identified, the advocacy effort goes beyond the group home. The next steps are:

- Locate influential individuals and groups in the community who are known to be active, or at least sympathetic, to your cause.

- Ask them to become involved in planning and implementing efforts to bring about changes that will benefit all involved.

- Select a steering committee of diverse representatives. This committee will be responsible for planning the specific activities that will be undertaken to bring about the change. Its planning should include defining individual advocate responsibilities. For instance, if advocacy efforts are aimed at reducing the number of improperly detained juveniles, then individuals will be responsible for monitoring and maintaining records on police, juvenile service departments, courts and institutions.

- Enlist the help of organizations involved in community services that have members willing to become involved in your work. These groups include the Junior League, Parent-Teacher Associations, League of Women Voters, and neighborhood associations.

The group home's role as catalyst and guide is basically supportive by providing the advocates with information and expertise. It should:

- Supply the steering committee with information about the issues, new developments, and possible consequences

- Introduce advocates to resources and other sources of support (e.g., other youth advocacy groups).

- Coordinate the advocacy efforts with other groups or individuals working in the same area and initiate joint projects.

- Provide feedback on the advocacy efforts in terms of different levels of changes and keep the advocates informed as to how their efforts are affecting your activities.

Coalitions

While advocacy groups organize for an on-going effort and even take on new causes, coalitions are usually a temporary alliance of individuals or groups working toward a very specific change. Orginarily their members are already active in and knowledgeable about the issues, usually as working professionals.

This change is usually not limited to any one of the member's unique needs (e.g., additional funding). Rather, it involves broader concerns parallel to the common purposes of the members' organizations (e.g., increase the number of community-based services to youth). Coalitions also serve more general purposes, such as:

- Maximizing the power of members through joint action
- Avoiding unnecessary duplication
- Sharing talents and resources
- Developing and demonstrating widespread public support for an issue or cause.

Building a coalition differs from building a citizen's advocacy effort in that you can take a more direct role in deciding on the goals and activities of the group. You, and a few others deeply involved in the area of interest, should decide on the changes you want. Of course, these must be tentative because as new organizations form the coalition new ideas and interests will accompany them. Still, the desired changes shape the coalition because organizations must have a similar interest before they join.

Be selective in who and what organizations you ask to join the coalition. Although a variety of individuals and organizations should be approached in order to secure a broad base of support and potential members, they should (1) be already involved in the areas of interest, or (2) have proven effective in bringing about change and have a strong inclination toward your areas of interest. For instance, if you are interested in decreasing the number of juveniles placed in institutions, then you might bring together such groups as: a local group home association, a local chapter of the League of Women Voters, and a local foster parent association. Finally, members must be recognized as powerful influences in the community so that the coalition can bring influence to bear.

A disorganized coalition will have little impact on an advocacy role. To avoid disorganization, draw up a detailed plan of action, similar to your own program plan. When formulating a plan, these are some of the steps you may want to consider:

1) Each individual and group express their reasons for participating. The purpose of this is to decide on the goals of the coalition.

2) Identify possible goals of the coalition which satisfy the stated reasons.

3) Identify priority goals.

4) Draw up specific measurable objectives and the methods used to obtain them.

5) Specify the types and methods of coordination between members.

6) Identify individuals and organizations that might prove to be assets as members.

Maintain day-to-day organization and provide leadership for a steering committee composed of one representative from each member organization who has the authority to speak for their organizations and to make decisions. The committee should be responsible for all aspects of the coalition including funding, staffing, operational policies and procedures, and running meetings. It should be empowered to delegate tasks and should do so regularly so as to free itself for a coordinating role and to engage members in contributing to the coalition.

After planning and organizing, the next important step is to become known in the community. It is wise to appoint a public relations/community affairs person or committee. Ways of getting your coalition some recognition are:

- Issue position papers.
- Initiate and publish the results of studies and survey research.
- Utilize coalition members in speaking roles to present coalition views and, in general, inform the public.
- Attend meetings and hearings held by agencies and groups within the system upon which you wish to have an impact.
- Publically challenge system officials to respond to coalition positions, studies, and campaigns.
- Sponsor conferences addressing the issues of concern.
- Stage rallies and demonstrations to present your point of view and the extent of your support.
- Support worthy community projects and/or sympathetic political candidates.

83

Chapter VII

MAINTENANCE AND OPERATIONS

Managing group home facilities involves compliance with laws, codes, and standards related to the group home and general maintenance of the group home.

Safety and Legal Codes

Safety and code compliance are interrelated issues because safety depends in part upon compliance with local, state, and federal codes. Compliance with all safety codes lessens the chance of accidents. Also, legal ramifications resulting from non-compliance outweigh any temporary financial or other inconvenience due to compliance.

If code complaince has not been checked, then it should be done immediately, Do not wait for local officials to discover violations. Consult with the various code officials and remedy any violations. Codes which should be considered include, fire, health, and building requirements.

- Fire Codes consist of state fire prevention codes and local fire safety ordinances. Written approval for occupancy should be secured from the state Fire Marshall or his designated representative. In some localities both the state fire code and additional local codes apply. Local codes, which usually impose higher standards, are available from the local fire department.

- Health Codes must be complied with prior to occupancy of the group home. Annual inspections generally performed by local health departments assure continued compliance. The general areas covered by them include sanitation, vermin control, garbage disposal, bathing and toilet facilities, water supply, food preparation areas, food storage areas, and dishwashing methods.

- Building Codes must also be complied with before occupancy. A local building inspector should annually inspect, at a minimum, the facility's general structure, wiring, and heating and plumbing system. Building codes often vary between localities and a composite listing is sometimes available from the State Fire Marshall. National and state building codes also apply to group homes. Again, immediate steps should be taken to remedy violations. Correcting violations may require considerable capital outlay and homes should build a contingency fund for unexpected, major building costs. Otherwise, the expense of repairing a roof, replacing faulty wiring, or installing a fire escape may cause a severe deficit in operating funds.

Building Standards

Building standards consist of recommendations on the size, usage, and general physical characteristics of the group home's living room, dining room, sleeping area, bathrooms, indoor recreation areas, outdoor recreation areas, staff office, staff living quarters, kitchen and food storage, transportation, and laundry facilities. Existing standards vary widely but in general, these areas should be clean, spacious, and well lit. The National Council on Crime and Delinquency has published standards for group home facilities in an evaluation of the state of Maryland's group homes. These and other standards can be obtained by writing, NCCD, 411 Hackensack Avenue, Hackensack, New Jersey 07601. Another set of excellent standards is Guidelines and Standards for Halfway Houses and Community Treatment Centers, U.S. Department of Justice, Law Enforcement Assistance Administration which can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402; stock number 2700-00187.

Zoning regulations and ordinances on the state and local level, should be considered prior to locating the group home. Problems may arise due to inadequate investigation of zoning provisions, and changing zoning ordinances. Generally group homes have not been recognized by separate zoning ordinances and their status varies between ordinances for family dwellings, boarding homes, lodging homes, and institutions. This lack of uniform standards may make the community hostile to the home.

There are two ways to improve your group home's position vis-a-vis the zoning structure. First, you can take legal steps to have your home ruled one of the types or organization which are acceptable under present or anticipated zoning laws. For example, in some areas group homes with accredited in-house education programs are labeled schools and thus have zoning problems eased. In residential and other areas, zoning problems are avoided by hiring a couple to work and live at the home and having other youth workers "visit" the home, thus qualifying the group home as a family dwelling.

The second alternative, althouth more difficult to implement than the first, allows the group home to be labeled as such and grants the group home its own legitimacy within the zoning structure. This is accomplished by getting the community to adopt a special zoning ordinance for the group home. A model ordinance presented by the National Council on Crime and Deinquency reads as follows:

> A supervised group home is a dwelling housing a group of persons during a period in which such persons are undertaking a program of social rehabilitation, correctional rehabilitation, vocational training, or other similar residential program; the dwelling is sponsored and operated by a government or private nonprofit agency or corporation; and the dwelling is adequately supervised by appropriately trained personnel who either reside upon the premises

> or work duty shifts providing 24-hour supervision of the residents. Supervised group homes shall be permitted in all residential zones subject to formal approval by the building inspector, the fire marshall, and the health inspector. Formal approval by these officials shall consist of the applicant home meeting published requirements of these officials.

Adopting a special ordinance is the riskier of the two tactics because it may raise unwarranted fears on the part of community residents that such an ordinance will open the gates to the flood of group homes in the community. Therefore, this approach should not be taken without ample explanation to community residents of the justified reasons for the desired change. Successful passage of such an ordinance depends upon grassroots community support.

Insurance Needs

Insurance is a crucial ingredient in protecting your program from damage by fire, wind, and unpredictable events such as vandalism, theft, or accidents. Research appropriate insurance coverage for your group home and include input from legal and independent insurance sources. Insurance brokers are the best source for information on many different kinds of coverage. The following types of insurance are commonly needed to protect group homes from damages:

- Fire Insurance should be contracted to cover both damage to owned and leased property. This type of coverage can be supplied under an "all-risk" type of contract and include fire, theft, breakage, and fire legal liability.

- Comprehensive Liability Insurance must cover every individual working under the auspices of the program, including volunteers and board members. Before purchasing this insurance, review all funding sources requirements and other possible liability producing areas with an insurance expert. Areas to consider inlcude malpractice, premises liability, personal injury, contractual liability, and non-owned automobile liability. Take special care to purchase a policy with sufficient liability limits. The Board must play a central role in deciding what is sufficient.

- Activity Group Insurance and Volunteer Insurance extends coverage beyond liability insurance to residents requiring medical attention. Activity Group Insurance is an accidental Death liability policy covering residents while participating in supervised activities. This insurance may include coverage during transportation to and from the activity and coverage for activity leaders. Volunteer Insurance consists of a medical and death coverage and a personal injury liability coverage for program volunteers.

- Vehicle Insurance is necessary whether or not your program owns or leases a vehicle. You will want to obtain the greatest amount of coverage possible if you transport residents in a vehicle owned by the home. Even if the program does not own a vehicle, it is wise to carry coverage in case an employee or volunteer gets in an accident with a resident.

Housekeeping

Cleaning and daily maintenance are important because the group home can save considerable money if they are done regularly and efficiently. There is no reason why cleaning and routine maintenance cannot be performed by staff and residents. Some of the methods which can be used are:

- Hold each staff responsible for the cleanliness and general condition of the house on his shift. Each staff person should fill out a form at the beginning of the shift which would include comments on the condition of the house. These forms should be monitored.
- Encourage residents to select a representative responsible for assigning cleaning and maintenance chores to the other residents. This representative, in conjunction with staff persons, would also be responsible for seeing that all chores are done well.
- Assign chores impartially on a rotating basis.
- Plan for other tasks besides daily maintenance well ahead of time. Planning, including what needs to be done, who it is to be done, and when it will be done, must be a group activity. Of course, tasks should be assigned fairly. Perhaps residents could be appointed or elected to head up teams responsible for repair or building tasks.
- Set standards and goals for house cleanliness and maintenance. Resident, staff, and management should establish these standards jointly. Monitoring of compliance with standards should be performed by a special committee including management, staff, and resident representatives or on an ad hoc basis through house meetings.

Food

A poorly managed food service program constitutes a serious drain on the program's budget and has a negative impact upon the physical well-being and happiness of residents. Several methods can minimize the food service program's drain on the overall budget. They are:

- Menu planning on a month to six month basis allows the program to buy in bulk at wholesale prices. It also assures that unnecessary food is not bought and that food is used efficiently. Menu plans, posted weekly, assure that the proper food is prepared and lessens the chances that food will be wasted.

- Shopping should take place on regular, designated days, (e.g., once a week, once every two weeks or once a month). Frequency of shopping depends upon storage capabilities and menu. A list in accordance with the menu plan should be made ahead of time. Staff and residents can handle shopping efforts on a rotating basis. Receipts must be kept for a record of money spent and also to serve as a basis for budgeting food costs.

- Direction and coordination of menu planning and shopping should be the responsibility of one or more staff persons. Part of their responsibilities should be to solicit food donations and discounts, locate wholesale food suppliers, and investigate local, state, and federal food programs such as free lunch programs and food stamps.

- Storeable food, not perishables, should make up a sizeable part of the menu. Freezer space dramatically increases storage capacity and decreases food expenses. Freezers are a long term investment which pay for themselves over the course of a year or two.

- Cooking responsibilities can be shared by staff and residents on a rotating basis, although a cook can be hired if circumstances prevent staff and resident participation. Staff and resident participation, however, is not only more economical because of the saved expense of the cook's salary but also provides a learning experience to residents. Food preparation should take place in an area designated solely for this purpose. This area must be kept clean according to standards.

The well-being and happiness of the group home's residents is significantly affected by their diet. From immediate and noticeable effects such as irratability caused by excess sugar to long term, more subtle effects such as lethargy caused by lack of minerals and vitamins, a poor diet has a profound detrimental influence upon resident behavior. A balanced diet, on the other hand, improves the physical well being and state of mind of residents. To prepare a balanced, healthy diet, the group home should use a part time or volunteer nutritionist. In addition, guidelines for preparing such a diet are available from: (1) The National Research Council, 2101 Constitution Avenue, Washington, D.C. and (2) the American Dietetic Association 620 North Michigan Avenue, Chicago, Illinois.

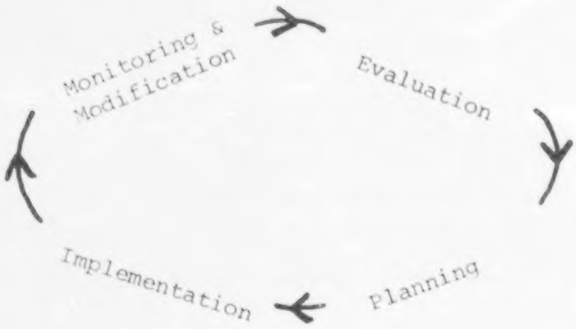
The physical well being of residents also depends upon good sanitary practices in preparing food, serving food, and cleaning eating areas and dishes. Prepared food should be served as soon as possible. Staff supervision helps to assure that spoiled food will not be served and assures that cooking and eating areas are kept clean. A dishwasher with the heat capacity to sterilize dishes should be used to wash all dishes. In some areas, the use of a sterilizing dishwasher is necessary for the group home to qualify for food assistance programs.

Chapter VIII

PLANNING FOR IMPROVED SERVICES

Viewing program monitoring and evaluation as management tools helpful in assessing the quality of a group home is the first step in planning for improved services. As such, program monitoring is an ongoing effort to track program efficiency and progress. Program evaluation, for purposes of this manual, looks at overall effectiveness such as changes in the attitudes or behavior of clients and the impact of the program on the community.

Improving services is a continuous process. Monitoring and evaluation can help you collect information necessary for planning improvements. Implementing program change is based upon and should occur only after thorough planning. After program changes have been made, a new round of monitoring and evaluation begins for the continuous process of planning. In short, the process is circular with the various activities dependent upon one another and feeding into each other. The simplest way of showing this process is as follows:



Program Monitoring: Measuring Level and Quality of Effort

Program monitoring can be a simple form of assessing on-going efforts by observing and comparing them to stated program objectives or performance standards. When monitoring is fully utilized it serves several purposes:

- Assures smooth program operations by watching over day-to-day operations of the program (e.g., intake, counseling, education);

- Provides information for continuous program planning and adjustments to keep the program progressing toward realistic objectives;

- Identifies inadequacies in the level and quality of activities, which, if unnoticed, would cause the program not only to fall short of its objectives, but perhaps never to achieve its purpose.

The simplest method of monitoring level of effort is comparing actual program performance with planned performance. Productive comparison depends largely on an accurate and detailed program plan. It should specify exactly what the program is intended to do, who is responsible for it, and when it should be finished. Once these steps have been clearly defined, it is easy to compare actual efforts and results with those specified in the program plan. Techniques which can be used to define these steps include:

- Specifying the short term objectives of your program. These should be concisely written and indicate who, what, when, where, how and how much.
- Breaking up the objective into steps or tasks which are necessary in order to achieve the objective.
- Specifying exactly who is responsible for completing each step.
- Assigning projected completion of times to both the action steps and the objectives.

The purpose of monitoring quality of effort is to assure that the work is of sufficient quality to benefit residents. In this case, the type of effort is more important than the degree of effort. Monitoring quality of effort contains steps similar to those in monitoring level of effort. These steps are:

- Establishing program performance standards that detail acceptable quality of effort in the various aspects of program operation.
- Observing and comparing actual efforts with the standards.
- Identifying inadequacies in the quality of effort and determining the cause(s).
- Planning and implementing actions to bring the quality of effort in line with the standards.

Program performance standards are the minimum level acceptable for the various aspects of group home operations. For example, such standards might specify the basic ingredients and process for a group tutoring session as part of an in-house education program. They might include criteria to be met by students before the education program is considered to be operating properly. Performance standards, then, describe everything from processes and procedures to staff and resident effort.

The value of performance standards depends on how comprehensive and realistic they are. Some group homes are subject to standards imposed by a parent agency. Others, which have the luxury of formulating their own, still must be aware of existing standards, and the expectations of others outside the program. Some of the factors in developing standards that might be considered are:

- Parent agencies because they may view their group home and its performance in terms of their own standards and expectations.

- Similar programs because what works for one program may work for another, or may be adaptable.

- Public and private groups and associations, such as national clearinghouses, advocacy groups, and professional associations, because they often publish standards, criteria, and/or guidelines applicable to programs within their areas of interest.

- Actual and potential funding sources because compliance with their standards may make it easier to keep existing funding and qualify for new money.

- Local, state, and federal government agencies because of funding possibilities, and licensing and other legal requirements.

- Community groups and significant individuals in the community, including potential clients and their families, because their support and participation is important.

Even more important, performance standards should reflect appropriate values and reasonable desires of program staff. If standards do not reflect these, the administration will be faced with rapid staff turnover and an unending struggle to get staff to comply with its standards. Then, too, standards must leave room for ideals to motivate the staff to improve their own and the program's overall performance. In brief, performance standards should represent a balanced mixture of existing external and internal realities, necessities and ideals.

Surveying other programs to understand existing standards, and expectations is an effective means of assuring that your program standards are acceptable. Such information, however, can only serve as guidelines in the formulation of standards. For true value, the standards should be tailor-made for your particular program. This requires administration and staff to understand and be in complete agreement on the program's purpose and objectives. Once in agreement, they can review important program operations and staff functions and decide on the levels of performance needed to achieve program purpose and objectives. These, then, can be transfered into formal standards.

Once performance standards are established, observe actual performance and compare it with standards so as to identify any weaknesses. One method of observing actual performance is for a supervisor, manager, or designated staff person to do just that -- watch staff carry out program processes and procedures. Another method, which provides even more basic information, such as what program operations are performed and how long they take during a typical shift, consists of staff recording, after every shift for a two-week period, their activities and the time spent. Such information should be recorded on a grid, for example, as in Figure VIII-1. The activity categories in this sample grid are general and can be made as specific as needed. Additional categories may be necessary for your program.

Once information on actual performance has been collected, it can be compared to program performance standards. For example, a supervisor may discover that a majority of group tutoring sessions are poorly organized and, as a result, the students become bored, inattentive, and sometimes disruptive. It may also be discovered that staff tutors spend little time preparing for group tutoring sessions. If performance standards state that group tutoring sessions are an integral part of the group home's in-house education program and tutoring sessions are to help residents with their regular education, then tutors should be allowed one-third of their shift time to identify difficulties residents are having and to prepare for tutoring sessions. Comparing the standards with observed and recorded performance helps identify weaknesses in actual performance, such as lack of staff preparation for the tutoring sessions.

The Need for Program Objectives

Successful monitoring also requires manageable and understandable program objectives.

Figure VIII-2 contains objective, corresponding steps and projected completion dates. Empty circles represent expected completion dates. Black circles indicate already completed steps and the period during which a step was completed. Solid lines indicate when work on the steps began or will begin, while dotted lines represent delays. Organizing all program objectives in this way is time-consuming, but its benefits more than make up for this initial disadvantage. In the long run, it saves time and makes objectives both easier to understand and easier to monitor.

It is helpful to draw up a list of all related program objectives. Such a list can help keep track of all objectives and activities. Objectives can be arranged in a number of ways, such as by priority or projected completion date, or according to the individual(s) responsible for them. An objectives' list would indicate the responsible individual(s), completion date, activities undertaken to date to achieve the objective, activities planned and the time period during which they will be undertaken. Figure VIII-3 represents such a list.

93

FIGURE VIII-1

Staff Activity Grid

ACTIVITIES/TIME SPENT (HRS)

	WEEK #1												WEEK #2											
STAFF	Intake	Individual Counseling	Group Counseling	Family Counseling	Drug Counseling	Career Cnslg. Job Placement	Treatment Planning	Recreation	Crisis Mngmt (Med. Emerg., Etc)	Public Relations Liasion Work	House Management (Cooking,Cleaning,Etc)	Aftercare	Intake	Individual Counseling	Group Counseling	Family Counseling	Drug Counseling	Career Cnslg. Job Placement	Treatment Planning	Recreation	Crisis Management (Med. Emerg., Etc)	Public Relations Liasion Work	House Management (Cooking,Cleaning,Etc)	Aftercare
COUNSELOR #1	5																							
COUNSELOR #2	2																							
COUNSELOR #3	0																							
COUNSELOR #4	0																							
HOUSE MANAGER	0																							
EDUCATION COORDINATOR	0																							
AFTERCARE WORKER	1																							

FIGURE VIII-2

Objective Chart

OBJECTIVE STATEMENT: To design and implement a foster care program, utilizing the local community for foster care homes for clients ready to leave the program by June 30, 1978.

STATUS REPORT FOR MONTHS OF JUNE-DECEMBER

ACTION STEPS	COMPLETION DATE												
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1. Foster care project team* performs needs assessment of local community and present resident population.	●												
2. Project team projects estimated foster care needs for FY '78.	---	●											
3. Project team draws up foster care program policies and procedures and submits them to Board.		●											
4. Foster care coordinator draws up budget and begins to secure funding for FY '78 with basic funding being secured by Oct. 1977.		●	---	---	○								
5. Team member #1 begins foster care family recruitment drive with objective of 2 families participating by Aug, 1977, 4 families by Sept, 6 by Oct, and 8 by Nov, 1977.		---	●	●	○	○							
6. Team member #2 begins foster care family training program in August with objective of training 8 families by Nov, 1977.			●	---	---	○							

* Team includes foster care coordinator and 2 counselors, team members #1 and #2.

FIGURE VIII-3

List of Objectives

OBJECTIVES	ACTION STEPS COMPLETED	ACTION STEPS SCHEDULED	RESPONSIBLE INDIVIDUALS	COMPLETION DATE
FINANCIAL AND FUNDING				
1. To complete grant application(s) by Jan 30, 1977 and provide mechanism for continuously soliciting additional grants	a. Procure grant application		Proj. Administrator	Jan 30, 1977
	b. Process RFP		--	Jan 30, 1977
	c. Write proposal		Proj. Director & present staff	Jan 30, 1977
		d. Consult publications, other programs, government agencies, etc., for grant money available	Proj. Administrator	Continuing
2. To complete financial plan by Jan 30, 1977	a. Detail resource allocation plan		Proj. Administrator	
	b. Complete budget		--	
	c. Detail accounting procedures		--	
PERSONNEL				
3. To write personnel policies and procedures by Feb 28, 1977	a. Define staff positions and job responsibilities		Proj. Director and present staff	Feb 28, 1977
	b. Decide on staff salary and job benefits		--	Feb 28, 1977
		c. Create staff schedule	--	Mar 15, 1977
4. To design and implement staff training program in beginning level counseling skills by Feb 28, 1977				

A technique that can be used for reference to the scheduling of activities under each objective is the GANTT chart. Named after its inventor, this chart, adapted to our purposes, lists objectives and indicates the months when steps to achieve the objective will be undertaken. Figure VIII-4 is a sample of such a chart.

Primary responsibility for program monitoring should fall on an administrator or staff person who is involved in developing the program plan and all aspects of implementation. The concept of self-monitoring, however, suggests that all staff be directly involved in the monitoring process. Methods of productive staff involvement in monitoring and the benefits that result from this involvement are discussed later in this section.

Monitoring Sessions to Chart Progress

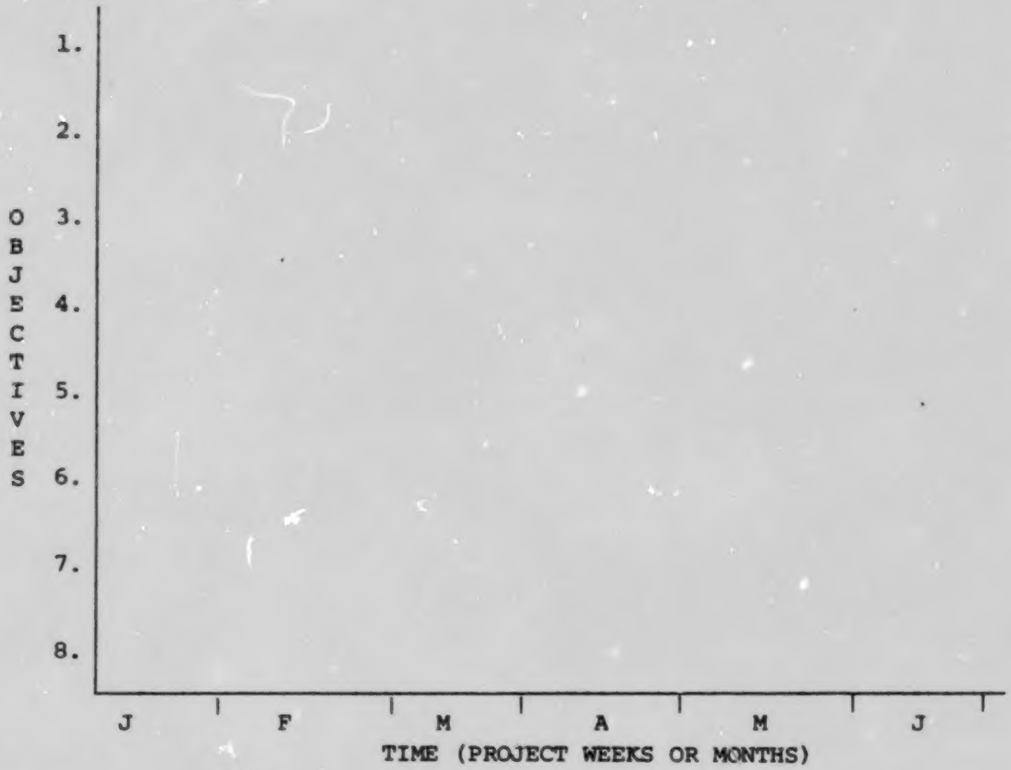
Once a program plan has been clearly defined, it is possible for an individual primarily responsible for monitoring, whom we will call the manager, to consult periodically with staff members about their efforts to complete their steps or tasks. Consultation should be on a one-to-one basis. Regular consultation in the form of monitoring sessions are valuable if the manager uses them to their full potential. These sessions can:

- Provide the manager with information on the progress toward the achievement of program objectives.
- Give the manager the opportunity to evaluate both the level of effort and the quality of effort of staff.
- Offer staff the opportunity to explain delays in accomplishing assigned tasks.
- Provide a setting in which the manager and staff can work out mutually acceptable modifications of tasks, or changes in strategy.

Monitoring sessions contribute greatly to identifying obstacles to program success. Sessions also serve as an ideal time for identifying potential problems before they develop. Staff members, in their daily work, are aware of not only existing problems, but also program inadequacies which could lead to problems. The manager should encourage staff to discuss opinions and observations during monitoring sessions in order to pinpoint potential problems. Identifying these problems requires that monitoring sessions be held regularly and frequently--perhaps every two weeks. Implementing plans designed to solve existing problems or prevent potential problems is more productive if staff is involved. Such involvement occurs in two ways: (1) in the monitoring session, and (2) in group planning and coordinating sessions including all staff.

Figure VIII-4

GANTT Chart



Planning in monitoring sessions is a natural outgrowth of problem identification. An effective manager will ask staff for ideas on how to solve or prevent problems. The actual plan should reflect a mixture of the manager's and staff ideas on what action is needed. Modified or newly established tasks should be recorded in the program plan and on the planning/objectives charts. How these new tasks will be monitored should be worked out between the manager and the staff.

Group sessions including all staff are an excellent means of coordinating modified and/or newly established tasks that resulted from individual monitoring sessions. These group sessions should take place any time there is substantial change in the program plan. During these sessions, it is often found that staff know how to help each other and some may be able to assume tasks of others to free them to work in other areas. The most important product of such sessions, however, is increased staff understanding of tasks, how they are carried out, and how they contribute to the program.

Program Evaluation

Evaluation is systematically collecting and analyzing program data on effectiveness, adequacy, and efficiency. Unlike monitoring, which simply measures effort compared to objectives and standards, evaluation (1) analyzes the way a program operates, (2) measures program effect, and (3) determines why the program has had a particular effect. Monitoring identifies program areas in which chronic problems exist while evaluation determines why these problems exist.

Program evaluation consists of two levels. The first level involves analyzing operations and measuring effect. The second level consists of determining why a program has had a particular effect by analyzing the environment in which the program operates.

Initial Steps

The first level of evaluation measures the program:

- effectiveness in responding to residents needs,
- adequacy in meeting these needs,
- impact upon residents who have participated in the program,
- efficiency with which services are provided.

Effectiveness is the degree to which a program has achieved its stated objectives over the course of a specified time period. For instance,

101

a program's objective is to see all of its residents employed by the time they leave the group home. If the program serves 100 residents during the year, 60 of whom had jobs before they left the program, then it is 60% effective.

Program adequacy is determined by examining how a program responds to its residents needs. It is important to identify how many did not receive services for one or more of their needs (as identified in the intake-needs assessment process discussed in Chapter II). This is not a measurement for effectiveness as explained above (as determined by how many received jobs); rather, it measures the degree to which the program provided services to residents with identified need(s). For instance, if all of the 100 residents that participated in the program during the year needed jobs and 20 never received employment services, the program was 80 percent adequate.

Determining program adequacy in terms of program response to the larger community requires a comparison of the number of residents from the community who received services with the larger sample of residents and potential residents from the community the program did not help. If, for example, there were 50 unemployed potential residents in the community who did not receive program services, 20 actual residents who did not receive services and 60 residents who did receive services, then the program was roughly 46% adequate (60 out of 130).

Evaluation of program impact requires determining to what degree, if any, a resident's participation in the group home program has increased his behavior, physical wellbeing, economical, family, or educational situation. A variety of evaluation methods can be used. They range from incredibly complex and expensive to simple and cheap. Obviously, the most valuable methods are those that return the greatest amount of relevant data (but not more than is really needed) at the lowest cost (in terms of staff time and program funds).

A simple productive way of evaluating program impact is to measure the degree to which ex-residents'(residents who have participated fully in the program) behavior and/or situation has improved in comparison to behavior and/or situation of a randomly selected group (control group). The members of this group should not have participated in the program or any other program with similar services. Members should be from the same population as the ex-resident group, e.g., 14 to 17 years of age and living in the same community. The idea is to compare two groups whose members are as similar as possible, with the only real difference being that the group of ex-residents has received services from the program. Comparing the two groups means collecting data on each group member's behavior and/or situation. If the impact of a drug use prevention program is being measured, then data is needed on the drug use of the members of each group.

Some hints on data collection and comparison are:

- Data on each group's behavior and/or situation should be collected simultaneously and at periodic intervals (e.g., three weeks, six weeks, three months, and six months after leaving the program).

- Data compared between the groups should have been collected during the same period. Data collected from a group during a certain time period should not be compared with data collected from another group collected during another period.

- Data collection and comparison should occur after the residents have left the program long enough to determine whether improvements in behavior and/or situation are truly long term.

To compare impact measurement with other program measurements, you should assign a percentile rating to the program's impact. If 60 percent of the ex-resident group has not used drugs since leaving the group home and during the same period 20 percent of the control group has not used drugs, then the program has a 40 percent impact rate.

Evaluating program efficiency involves examining the cost of providing services relative to their effectiveness, adequacy, and impact. This type of evaluation involves two types of comparisons. Comparing the cost of a service to its effectiveness, adequacy, and impact, results in that service's relative cost. Comparison of the relative cost of a service to relative costs of other services allows judgments to be made on the efficiency of the first service.

Steps to be taken in determining a service cost are:

- Defining the service areas contained within the group home's overall program (e.g., physical care, counseling, aftercare).

- Identifying various services that contribute to each individual service area and to the delivery of the overall service (e.g., services contributing to aftercare include counseling, tutoring, cultural activities, recreation, and transportation).

- Determining the cost for a designated period of time of each service contributing to the service area (e.g., staff salaries, fees for recreational and cultural activities, rental rees and mileage cost for transportation).

- Totaling service costs in each service area.

Comparing service cost with its effectiveness, adequacy, and impact can indicate how much it is costing to meet the goals set up for the program's various services. For instance, if a program's employment service effectiveness, adequacy, and impact were 60%, 46%, and 40% respectively for the past year, this service could be assigned 146 percentage points out of a possible 300 (100% effectiveness + 100% adequacy + 100% = 300% or highest possible total). If the employment service goal was 100 percent in all three categories, or 300% total, and the total rating was 145 per cent, then roughly 50 percent of the goal was achieved (146 is roughly 50 percent of 300).

Now assume that the service goal was to achieve 300 percent or total expenditures of $20,000. However, expenditures for employment services totaled $25,000. The extra $5,000 represents 25 percent cost overrun so employment services achieved 75 percent of the budget goal. Optimum performance would be to reach 100 percent of the combined effectiveness, adequacy, and impact goal and 100 percent of the expenditures goal for a total of 200 percent.

In this example, 50 percent of the first goal and 75 percent of the second goal were achieved which means that 125 percentage points out of a possible 200 were achieved or roughly 63 percent. This figure represents the employment program's efficiency. It implies that employment services' efficiency and the quality of services can be improved by 37 percent. Arriving at this 63 percent efficiency figure points out the program needs to be improved in order to increase efficiency -- effectiveness can be improved by 40 percent; adequacy by 54 percent; impact by 60 percent and expenditures by 25 percent.

If an efficiency rating is given to each service category, then it is possible to compare efficiencies of each type of service. It then becomes obvious which service categories are doing poorly or well relative to the rest. Decisions can then be made on whether to drop, cut back, or improve the services.

In-Depth

The second level of program evaluation involves analysis of why a program has operated in a certain manner (i.e., ineffectively or with a low impact) or had a certain effect. This level of evaluating identifies the factors both within and outside the program that prevent it from achieving or enable it to realize its objectives. Monitoring and initial evaluation indicate the areas in which the program has problems and measures the seriousness of the problems. They supply the data that makes it possible to decide which areas need more detailed and sophisticated analysis. Such analysis and in-depth evaluation require more time and money than is usually available to a group home. A government study states that comprehensive program evaluation (referring to in-depth and some forms of impact evaluation) costs $132 per day. If such comprehensive evaluation isnnecessary for your program, consult several sources. These sources may provide technical assistance and manpower which may reduce the cost of the evaluation or even absorb it entirely. These sources include universities, your own funding agency government agencies, state and local planning units, and public and private groups interested in the success of the group home.

A detailed account of how to do in-depth evaluations is beyond the scope and purpose of this manual. However, for those interested Appendix D contains a discussion of this level of evaluation and indicates some of the program areas which might be the subject of such evaluation.

Putting Results to Work

Successful implementation of program changes depends on the value of the evaluation results. This value is in turn dependent upon two factors that need to be considered during the evaluation planning stage. First, the program areas and general issues of concern which will be the subject of the evaluation must be clearly defined. It must be decided what information is needed and how it will be used. In short, it must be clear before the evaluation starts what general decisions need to be made about the program.

Second, the involvement of staff in evaluation planning greatly increases the value of the eventual results. Staff, being close to day-to-day program operations, are aware of program problems and inadequacies which should be the focus of program evaluation. (In addition, staff members' involvement in shaping the evaluation may make them more willing to support the resulting changes.)

Once evaluation is finished, it is important to consider again the value of the results in terms of actual program changes. You may want to consider if the proposed changes accurately reflect a consensus opinion of the evaluation results. Again, this requires staff input in the planning process. Changes based upon a consensus more accurately address real program problems and are easier to implement due to their legitimacy.

Successful implementation of program changes is also dependent upon the feasibility of the proposed changes. In judging feasibility, you should consider such questions as:

- Do the advantages to be gained by the changes offset disadvantages of implementation or side effects of the changes?
- Is the program capable of instituting and following through on the changes in light of organizational structure, resources (financial and manpower), philosophy and values (program, staff, and clients), etc.?
- What are the internal and external factors surrounding the program and could they block implementation?

Another factor in determining the success of program changes is the thoroughness of planning. Program changes and their implementation schedules should be documented as modifications of the original program plan. Implementation should be thought out on a step-by-step basis. Special attention should be paid to redefining all objectives, steps, responsible parties, time lines, and monitoring and evaluation procedures so that they coordinate with program changes.

Plans for implementation should include, in addition to accuracy and feasibility, such considerations as:

- Skills and capabilities of staff; board members; personnel of programs, organizations, and agencies external to your program with whom you may coordinate; other individuals in the community who would prove significant in implementation efforts in the community.
- Possible support through coordination with outside programs, organizations, and agencies, and individuals within the community.
- Resident willingness and ability to contribute to planning and implementation of program changes.
- Estimated time needed to implement changes should include a 20 percent margin to cover delays, misjudgements, and errors in planning.
- Alternative plans for implementation in the event that developments prove the present plan inadvisable or impossible to implement.

It must be stressed that staff involvement in implementation, just as in evaluation, is crucial to success. It improves staff understanding of what needs to be done and increases the motivation of staff to see that changes get implemented. It is common sense that staff, charged with implementing program changes, will do a much better job if they are involved in the planning. Such involvement can take the forms already discussed in the section on monitoring -- individual sessions with the supervisor or in group planning sessions with all staff.

APPENDIX A

Board of Directors Assessment Form

Board, Central Purpose, and Objectives

1. The Board has a written identified central purpose and specific objectives. ______

2. The Board has a long term (3 years and up) planning process which evaluates and reassesses the agency purpose and objectives. ______

3. The Board insures full orientation of staff to central purposes and objectives of the organization and insures input into long term planning concerning central purpose objectives. ______

Selection and Composition

1. The agency has a clear well developed written statement of qualifications for Board members. ______

2. The nominating Committee or group works on a year-round basis and recruits staff. Board, clientele, and organization suggestions for nominations to the Board. ______

3. Skill areas which need representation such as legal, medical, financial, public relations, education, judicial process have been identified and are represented. ______

4. The Board is widely representative of the community and includes client and/or client advocate representation. ______

5. There is a satisfactory combination of experienced and new Board members to guarantee both continuity and new thinking. ______

6. The agency has a formal plan for limiting the tenure of Board members which specifies rotation so as to assure a steady supply of new Board members. ______

7. Board composition reflects the requirements of current and potential funding sources. ______

Orientation and Training

1. The agency has a clearly written statement outlining the duties and responsibilities of the Board member. This statement is assessed and updated biannually or as needed. ______

2. The agency has a written plan that it follows in its program of orientation for its new Board members, and this plan is assessed annually/ biannually. ______

3. The agency has a member orientation and training manual including at least incorporation papers, by-laws, annual goals, annual report, latest financial statement which it supplies to all Board members. The manual is revised periodically. ______

4. The agency has a plan for and program of Board member training carried on throughout the year. This training is evaluated annually or biannually. ______

5. Board members are aware of and participate in community, state, regional, and national training opportunities. ______

6. Board members regularly evaluate their participation to identify potential improvements and training needs. ______

Organization of the Board

1. The Board's organization is spelled out in writing or diagrammed in an organizational chart and is included in the by-laws. ______

2. The Board has a concise set of bylaws which provide clear duties for the officers of the Board and spell out the procedures by which the Board transacts its business. ______

3. The Board has a chairman and other officers as needed to operate the Board efficiently. ______

4. The Board has an elected executive committee to handle matters which may come up between meetings (or equally representative and efficient emergency process). ______

5. The group home director is a member of the Board. ______

6. The Board has working committees such as program,

personnel, public relations, nominating, etc. through which work is channeled. ______

7. Committee assignments and leadership are reviewed and assessed periodically. ______

8. Committee assignments and responsibilities are in writing and copies are supplied to committee members. ______

9. Every aspect of the Board's operation has an individual ultimately responsible for it. ______

Process and Relationships

1. The Board works cooperatively with the group home director. ______

2. The group home director reports regularly to the Board but also provides regular input into other policy and procedure areas of concern. ______

3. There is a process to retire inactive Board members and members are duly recognized. ______

Board-Staff Relationships

1. Working relationships between the program director and the Board are clearly defined and understood. ______

2. The Board periodically evaluates the activities and effectiveness of the group home administration. ______

3. Staff members are aware of opportunities to provide input into the Board's deliberations. Board members are aware of the program staff's responsibilities, efforts, achievements, and hardships. ______

4. The Board maintains written personnel policies and employee benefits which are clearly communicated to staff. ______

5. An equitable grievance procedure exists and includes access to the Board by all staff. ______

6. Clearly defined processes exist to replace (if needed) the director. The Board is prepared at all times to carry on agency activities should the director resign. ______

Program Involvement

1. The Board plays an active role in long range program evaluation and development.

2. Program skills pertinent to the agency are adequately represented on the Board and Board members regularly apply their skills to aid the program. ______

3. Board members regularly visit the group home and spend time talking to staff and clients. ______

4. The agency maintains an ongoing program evaluation process which the Board monitors. ______

Financial and Funding Concerns

1. Organization finances are in order, and accurate monthly financial statements are prepared and submitted to the Board members for review. These records are kept for the individual states' legally required number of years. ______

2. An income plan for the coming years is given to all Board members and updated quarterly, annually or regularly. ______

3. An annual audit by a CPA is conducted, submitted to the Board, approved and made available to organization members and the community. ______

4. Taxes and bills are paid promptly, excess funds not required in the checking account are invested or deposited in savings accounts. ______

5. A written code for handling finances exist, including check signing procedures to insure against financial mismanagement and liability. ______

6. Board members play an active role in fund raising. Fund raising skills are represented on the Board. ______

Legal Concerns

1. By-laws are kept up to date and given to all new Board members. ______

2. Minutes of all Board actions are prepared and voted on by the Board. Minutes are kept on file for the number of years required by State law. ______

3. Contracts with funding sources, landlord, national office (if any) and union or professional group (if applicable) are in order and up to date. ______

4. The Board regularly reviews contract progress and insures that contract stipulations are followed. Agency activities are within the legal scope of the organization's purpose. ______

5. Insurance is adequate and updated regularly to protect property, staff and volunteer staff. ______

6. Board members individually understand their legal responsibilities ______

7. The agency maintains legal counsel to handle agency legal matters without potential conflict of interest. ______

Public Relations -- Community Relations

1. Public relations skills are represented on the Board and Board members play an active role in presenting the agency positively in the community. ______

2. The agency's primary spokesperson has overall responsibility for the coordination of Board member public relations efforts. ______

3. The Board has a plan or it included in the program's public relations plan. ______

APPENDIX B-1

Personnel Policies

1. EMPLOYMENT

The personnel of the agency shall consist of the following positions:

Full-time

Executive Director
Assistant Executive Director
Psychologist
House Directors
Assistant House Directors
Employment Placement and
 Vocational Guidance Counselors
Accountant
Outclient Counselors
Secretary-Bookkeeper
Secretaries
Clerk-Typists
Cook-Housekeepers
Maintenance Man,

and any other personnel positions as approved by the Executive Board.

Part-time

Counselors,

and any other personnel positions as approved by the Executive Board.

The Executive Board shall hire and, if necessary, terminate, the Executive Director.

The Executive Director shall hire and, if necessary, terminate, all other staff of the agency.

A. Application Procedures

1. Notice of any position to be filled will be given in at least one newspaper having general circulation throughout the local area. When necessary and feasible, notices will also be given in other publications.
2. Written job descriptions will be provided to each applicant upon request.
3. All applications shall be made in writing on a form provided for such purpose.

B. Selection Procedure

1. In order to select an Executive Director, the President of the agency will appoint a special committee whose sole function will be to recruit qualified applicants for this position, review all applications, contact appropriate references, conduct the necessary interviews, and make a recommendation, based upon the merit of the applicants, without regard to race, color, religion, sex, or national origin, to the Executive Board.
2. For all other personnel positions, the Executive Director shall recruit qualified applicants and following formal written applications, shall review all applications, contact appropriate references, conduct the necessary interviews, and make final selection, based upon the merit of the applicants, without regard to race, color, religion, sex, or national origin.

All new staff members shall serve a six-month probationary period of employment. The staff member's job performance will be evaluated by his supervisor at the conclusion of this period. The decision to grant a staff member regular employee status will be based on the job performance evaluation.

If necessary, the probationary period may be extended for three months, with the approval of the Executive Director. At the conclusion of this period, another evaluation of the staff member will be made.

In the case of professional, fiscal, managerial and clerical personnel, recent conviction of a serious crime shall be considered on an individual basis, each case according to its merit. If investigation reveals that the prior conviction does not disqualify the applicant, a written statement of the investigation shall be prepared, and the applicant considered a legitimate candidate for the job.

In the case of non-professional positions, a criminal record does not, of itself, disqualify an applicant from employment.

In either case, full disclosure of prior criminal record at the time of application is required.

No person shall be employed by the agency while he or she or a member of his or her immediate family serves on the Executive Board or as a member of a committee of the Executive Board of the agency.

No person shall be employed by the agency while a member of his immediate family is concurrently employed by the agency. For the purpose of clarity, "immediate family" includes:

Husband
Son
Daughter
Mother
Father
Brother
Sister

Wife
Son-in-law
Daughter-in-law
Mother-in-law
Father-in-law
Brother-in-law
Sister-in-law

II. SUSPENSION

Suspension is temporary separation from duty without pay, usually because of unsatisfactory performance, or for misconduct.

A. If the Executive Board should find it necessary to suspend the Executive Director, a notification period is not required. An appropriate explanation, including length of suspension, will be given orally, and in writing upon request.

The Executive Board shall set the length of the suspension. If the Executive Director should not return to his position after the suspension period, he may forfeit any accrued vacation.

B. If the Executive Director should find it necessary to suspend staff members, a notification period is not required. An appropriate explanation, including length of suspension, will be given orally, and in writing upon request. The Executive Director shall set the length of the suspension. If the staff member should not return to his position after the suspension period, he may forfeit any accrued vacation.

III. TERMINATION

Termination is separation from employment, usually because of unsatisfactory performance, or for misconduct.

A. If the Executive Board should find it necessary to terminate the Executive Director, thirty days' notice of termination, with appropriate explanation, will be given orally, and in writing upon request. Should the Executive Director leave his position during the notification period, he forfeits all remaining notice, salary, benefits, and any accrued vacation.

If the situation is such that immediate termination is warranted, all notices, salary and benefits will be forfeited from the date of dismissal.

B. If the Executive Director should find it necessary to terminate a staff member, thirty days' notice of termination will be given to supervisory and professional staff members, and two weeks' notice of termination will be given to all other staff members. Appropriate explanation will be given orally, and in writing upon request. Should the staff member leave his position during the notification period, he forfeits all remaining notice, salary and benefits, and any accrued vacation. If the situation is such that immediate termination is warranted, all notices, salary and benefits will be forfeited from the date of termination or dismissal.

IV. RESIGNATION

A. All supervisory and professional staff members are required to give notice of resignation in letter form, thirty days prior to the effective date of resignation. Professional and supervisory staff members include: Executive Director, Psychologist, House Directors, Assistant House Directors, Assistant Executive Director, Employment Placement and Vocational Counselors, Accountant, and Part-time Counselors.

B. All other staff members are required to give notice of resignation in letter form, fourteen days prior to the effective date of resignation.

C. Failure to comply with proper notice of resignation may result in loss of accrued vacation leave.

V. JOB DESCRIPTION AND SPECIFICATIONS

A. There shall be written job descriptions for all staff positions to insure proper understanding of general duties and areas of responsibility by staff members. Job descriptions can be changed from time to time to meet the needs of the agency and its clients.

B. There shall be written job specifications detailing the duties and areas of responsibility of each staff member. Job specifications can and will be changed from time to time to meet the needs of the agency and its clients.

This section shall in no way be constructed as a limitation on the authority of the supervisory personnel to assign tasks to employees under their supervision which are not listed in the job specifications

VI. AGENCY PROCEDURES

There shall be written agency procedures to insure proper understanding, uniformity and efficiency by staff members in such areas as intake, delivery of services, fiscal procedures, reports, etc.

VII. EVALUATION

A. The written job descriptions and specifications in conjunction with written agency policy and procedures will serve as the guide for staff member evaluations.

B. The person directly supervising a staff member shall evaluate the staff member twice yearly. All evaluation shall be in writing, on a form provided for that purpose. The evaluation shall be discussed with the staff member, and shall be signed by both the supervisor and the staff member. The staff member shall have the right to comment on the contents of the evaluation. Such comment shall be in writing and attached to the evaluation. The evaluation and attached comments shall become part of the employee's personnel file.

C. Where the evaluation indicates unsatisfactory performance, the staff member may be given a specified period of time in which to achieve a satisfactory level of work performance.

VIII PERSONNEL RECORDS

Personnel records are maintained by the Executive Director for each staff member. These records are confidential and are kept in custody of the Executive Director. Staff members wishing to review their own file may do so only by request to and upon permission granted by the Executive Director.

IX. SALARY

Full-time employees are paid an annual salary. Part-time employees are paid on the basis of an hourly rate of pay.

Salaries shall be reviewed on an annual basis for all Staff members. Salary increments shall be awarded based on the employee's evaluations. Any salary increment, of course, shall also depend upon the availability of funds.

X. HOURS OF WORK

Regular office hours are from 8:30 A.M. to 5:15 P.M., Monday through Friday.

Time allowed for lunch is forty-five minutes.

At all times, twenty-four hours per day, 365 days per year, it is required that some staff member be on duty and someone on call. This is due to the nature of the services the agency provides. Acceptance of employment with the agency is an acceptance of the responsibility to work other than "regular" hours. Hours of work for each staff member will be scheduled according to the needs of the agency and its clients.

Full-time staff members required by their supervisor to work more than the normal complement of hours per week, may request compensatory time. With approval of the Executive Director, such time will be granted, if possible.

Part-time staff members will be paid according to the number of hours worked within a given pay period.

XI. TIME REPORTING

A. Where a group of staff members is under close supervision, the immediate supervisor may prepare a group time report at the end of each pay period. All other staff shall submit a time report, signed by the staff member, at the end of each pay period, to their immediate supervisor. All such time reports shall be signed by the staff member's immediate supervisor.

B. Time reports for full-time employees must account for a minimum of forty hours per week. Time reports for all employees must display hours worked and/or time off for each normal working day. Explanations must be indicated for any time off during normal working hours, or for overtime work.

XII. STAFF DEVELOPMENT

A. All new employees will be given orientation sessions regarding personnel policies, procedures, and their respective duties.

B. The agency desires continued professional development of staff. To this end, attendance at conferences, seminars, institutes, workshops, courses related to work, etc., is encouraged whenever attendance is feasible.

XIII BENEFITS

A. Social Security

All staff members are covered by Social Security, and are required to participate.

B. Hospitalization Insurance

Blue Cross and Blue Shield Medical Insurance is available to any full-time staff member meeting the enrollment requirements. This coverage shall be at no cost to the employee.

XIV. LEAVE WITH PAY

Full-time staff members only are entitled to leave with pay. A full-time staff member is one who is normally schedule to work a full (8-hour) day, five days per week.

A. Vacation

Full-time staff members begin accuring vacation from the time of employment. Vacation is accured according to the following schedule:

1. 1-1/2 days per month are accrued from the first through the 24th month of employment, for a total of 13 work days per year.

   1-1/2 days per month are accured from the 25th through the 60th month of employment, for a total of 18 work days per year.

   1-3/4 days per month are accrued from the 61st month of employment, and thereafter, for a total of 21 work days per year.

2. All vacations, regardless of when scheduled, must be approved at least thirty days in advance by the staff member's immediate supervisor. Exceptions will not normally be made; however, exceptions may be made with the written approval of the Executive Director. Vacations must be taken at times commensurate with general vacation schedules and work loads. Fractional portions of accrued vacation time may be taken with good reason upon approval of the staff member's immediate supervisor.

3. Vacation time not used within 24 months of accural is lost by the employee. No compensatory salary may be awarded a staff member for unused vacation time or in lieu of various time.

4. Upon resignation, with proper notice, a staff member will receive that amount of vacation time accrued by the effective date of resignation. The staff member will be continued on the payroll until accrued vacation is depleted.

B. Holidays

Full-time staff members are entitled to the following holidays:

New Year's Day
Martin Luther King's Birthday
President's Day
Memorial Day
Independence Day
Labor Day
Veterans' Day
Thanksgiving Day
Christmas Day
Employee's Birthday

If an authorized holiday falls on a Saturday or Sunday, an alternate work day will be scheduled as a holiday at such time as designated by the Executive Director. Time off for the observance of religious holidays may be granted by the Executive Director.

Again, it is noted that 24 hours per day, 365 days per year, it is required that some staff member be on duty and others on call. When a staff member is required to work on a regularly scheduled holiday, an alternate work day will be scheduled as a holiday at such time as designated by his or her immediate supervisor.

Part-time staff members required to work on holidays will be paid in accordance with regular hourly rates of pay.

C. Sick Leave

1. Full-time staff members begin accruing sick leave after three full months of employment. Absence due to illness prior to this period will be without pay.

2. Sick leave is accrued at the rate of one day per month, and may be accumulated to a maximum of sixty days. In special cases, where length of illness exceeds accumulated sick leave, continuation of salary may be granted with the approval of the Executive Director.

3. All staff members, when absent due to illness, are required to call their immediate supervisor daily unless excused. For full-time staff members, failure to call may result in an unexcused absence, for which pay will not be granted. For part-time staff members, failure to call may result in other disciplinary action.

4. Any staff member absent for two or more days due to illness, must upon request, promptly present a statement from his or her physician.

5. Any staff member absent from work for three consecutive days without notification or authorization may be terminated.

6. Staff members shall not be paid for accrued sick leave at the time of resignation or termination.

7. Absence due to illness because of pregancy will not be allowed as sick leave. Staff absent because of illness due to pregnancy shall forfeit pay for the days they are absent.

D. Compensatory Leave

All full-time employees of the agency shall not be paid for overtime work. Such employees may be granted compensatory time with the ratio of one hour leave for each hour of overtime work required, at the option of the Executive Director. Such overtime must be approved in advance by the employee's supervisor. Compensatory leave must be requested, granted and taken within three months of the date overtime work was required.

E. Military Leave

Full-time staff members (regular or probationary) who are members of the National Guard or any reserve component of the Armed Forces of the United States may have a leave of absence with pay when ordered to temporary duty. This leave is not to exceed ten work days per year.

F. Special Leave

Full-time staff members may be granted a leave of absence with pay of up to three days, in the event of critical illness or death of a member of his or her immediate family. By immediate family is meant husband, wife, son, daughter, mother, father, brother, sister, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, or grandparents. This leave may be extended under special circumstances, with approval of the Executive Director.

Other leaves of a special nature may be granted with the approval of the Executive Director.

G. Conference Leave

Staff members may be granted a leave of absence to attend conferences, institutes, meetings, in-service training, etc. with approval of the Executive Director. Selection of staff members for attendance will be determined by the Executive Director on the basis of the following criteria: relevance to work, participation in conference programs, individual's interest in attending, time interval since last attendance, current work pressures, and money available for the purpose.

XV. LEAVE WITHOUT PAY

A. Part-time Staff

Any leave authorized for and taken by part-time staff members is leave without pay. Part-time staff members must have authorization from the appropriate supervisor before taking leave.

B. Full-time Staff

Full-time staff members may take leave without pay only with the approval of the appropriate supervisor. Such instances, however, should be rare; each request shall be considered on its merits, and in accordance with the needs of the agency and its clients.

C. Maternity Leave

Due to the limited size of the agency, and the necessity for full staffing to carry out the program effectively, maternity leave will not be granted. When a staff member finishes the sixth month of pregancy, her employment with the agency shall be terminated. A staff member may retain employment through the seventh month of pregancy with the written approval of her physician and the Executive Director.

Nothing in the foregoing shall be construed to prevent the Executive director, at his discretion, from rehiring an employee in her former position after termination for pregnancy.

XVI. TRAVEL

A. Local Travel

All staff members required to use their personal automobiles for agency business shall be reimbursed for such use at the rate of ten cents per mile. Those staff members so reimbursed must submit an itemized monthly report of miles driven on agency business. All requests for reimbursement must be approved by the staff member's immediate supervisor and by the Executive Director.

B. Intra- and Inter-State Travel

All out-of-town trips must have the prior approval of the Executive Director. Expenses incurred while out of town on agency business will be reimbursed in accordance with agency travel policy as stated in agency fiscal procedures.

C. Minimum Insurance Coverage

Staff members required to use their personal automobile for agency must at all times maintain at least the minimum coverage of auto insurance required under the State law. Staff are required to submit evidence of such coverage upon employment, and at other times as may be designated by the Executive Director.

From: Guidelines and Standards for Halfway Houses and Community Treatment Centers, Law Enforcement Assistance Administration, and International Halfway House Association, 1974.

125

APPENDIX B-2

Employee Evaluation Form

NAME: ____________________

POSITION: ____________________

PERIOD COVERED: __________ months - from __________

__________ to ____________________

I. QUALITY OF WORK

0 ____	Unsatisfactory	Does almost as much poor work as good. Makes frequent mistakes due to carelessmess.
1 ____	Below Average	Mistakes are too frequent. May be caused by haste or lack of knowledge. Work often lacks appropriate level of professionalism.
2 ____	Average	Work usually correct. Makes only occasional mistakes. Output is average from standpoint of accuracy and finish.
3 ____	Above Average	Is skilled worker. Seldom makes errors. High standard of professionalism in work performed.

II. QUANTITY OF WORK

0 ____	Unsatisfactory	Produces only enough to justify keeping employed; consistently wastes time.
1 ____	Below Average	Produces somewhat less than is expected.
2 ____	Average	Produces satisfactorily.
3 ____	Above Average	Produces beyond normal job requirements.

III. DEPENDABILITY

0 ____	Unsatisfactory	Not at all dependable (check one): ____Must constantly follow up and check work. ____Tries to hide mistakes. ____Cannot be depended on to work alone. ____Absent too often.
1 ____	Below Average	Sometimes fails to heed instructions: ____Fails to follow through. ____Frequently absent.
2 ____	Average	Usually reliable and carries out instructions with only normal supervision or follow-up. Occasionally absent.
3 ____	Above Average	More dependable and conscientious than the average. Seldom absent.

IV. KNOWLEDGE AND RESPONSIBILITY

0 ____	Unsatisfactory	Understands very little about the work; consequently of limited usefulness. Completely stalled when anything goes wrong or something unusal comes up.
1 ____	Below Average	Understands less about the work than the average, or than could be expected (check one):

IV. KNOWLEDGE AND RESPONSIBILITY
(Continued)

		____Knows routine only and is frequently stalled when something unusual comes up. ____Cannot make adjustments as fully as would be desirable. ____Occasionally a problem due to limited number of jobs employee can do.
2	Average	Has adequate knowledge of job; able to do what is expected of the average employee on the same type of work; able to make adjustments to handle situations normally encountered in the job. Can be shifted around to other similar work.
3	Above Average	Has thorough all-round knowledge of kind of work involved; more versatile than the average.

V. ATTITUDE AND COOPERATION

0	Unsatisfactory	Extremely negative attitude; uncooperative; habitually late or leaves early. Not interested in job or in improving skills.
1	Below Average	Only fair attitude and cooperation; leaves something to be desired in this respect.

V. ATTITUDE AND COOPERATION (Continued)

2 ____	Average	Tries to do what is expected; takes normal interest in job.
3 ____	Above Average	Tries to do more than expected; takes more than average interest in job.

VI. RELATIONS WITH OTHERS

0 ____	Unsatisfactory	Any of the following characteristics present (check one): ____Other employees unwilling to work with subject because of disposition or some unpleasant personal characteristic. ____Frequently causes friction and stirs up other employees.
1 ____	Below Average	Occasionally temperamental; apt to "flare up" or be hard to get along with.
2 ____	Average	Normally obliging; represents the agency well to others.
3 ____	Above Average	Easy to get along with; makes positive contribution to staff teamwork. Helpful. Better-than-average agency representation.

VII. AREAS OF PARTICULAR STRENGTH

VIII. AREAS IN NEED OF IMPROVEMENT

IX. PERFORMANCE SCALE

Above Average	Average	Below Average	Unsatisfactory
15 to 18 points	10 to 15 points	4 to 10 points	0 to 4 points

SIGNATURE OF RATER

TITLE

DATE

SIGNATURE OF EMPLOYEE

I have read and discussed this performance review with the abovc signatory.

SIGNED

DATE

From: Guidelines and Standards for Halfway Houses and Community Treatment Centers, Law Enforcement Assistance Administration and International Halfway House Association, 1974.

APPENDIX B-3

Employee Evaluation Form

Report on the Performance of: ______________________________

Title: ____

Covering the period of: ________________ to ________________
(date) (date)

Evaluation conducted by: ______________________________

Title: ____

(Check the appropriate column
for each evaluation category.)

	Unsatisfactory	Good	Fair	Outstanding
Planning - (Ability to understand and carry out plans.)	___	___	___	___
Organizing - (Ability to efficiently use time and other resources.)				
Controlling - Ability to:				
• Foresee problems	___	___	___	___
• Take corrective action	___	___	___	___
• Be resourceful in meeting difficult situations	___	___	___	___
Communicating - Ability to communicate effectively with:				
• Co-workers	___	___	___	___
• Superiors	___	___	___	___

	Unsatisfactory	Good	Fair	Outstanding
Decision-making:				
• Willingness to make difficult decisions	____	____	____	____
• Appropriateness of decisions	____	____	____	____
Cooperation - With:				
• Other program activities	____	____	____	____
• Co-workers	____	____	____	____
• Superiors	____	____	____	____
Motivation - (Desire to assume responsibilities and complete tasks)	____	____	____	____
Knowledge of responsibilities - (Aptitude to conduct job)	____	____	____	____
Ability to Learn New Responsibilities	____	____	____	____
Understanding of Role				
• Relative to other program activities	____	____	____	____
• Relative to program's overall mission	____	____	____	____
Quality of Work Done	____	____	____	____
Volume of Work Done	____	____	____	____

Additional Comments:

____

____

____

	Unsatisfactory	Good	Fair	Outstanding
Overall Evaluation:	____	____	____	____

Recommendations for promotion, training, new responsibilities, transfer etc.

____

____

____

____

Signature of Evaluator

____

Date: ______________________________

Signature of Employee

____

Date: ______________________________

APPENDIX C-1

Initial Contact Form

Today's Date ____________

Please Print

Code Name (Office Use Only) ______

NAME ____________________ Phone Number ____________

ADDRESS ________________________________

BIRTHDATE __/__/____ AGE ___ EMERGENCY CONTACT ____________

PLACE OF BIRTH ____________ RELIGION ____________

SCHOOL LAST ATTENDED ____________ GRADE ______

FAMILY DOCTOR ____________ PHONE ______

Address ________________________________

REFERRAL SOURCE ____________ PHONE ______

REASON FOR REFERRAL ________________________________

LEGAL STATUS CINS _____ DELINQUENT _____

PROBATION OFFICER ____________

PRIOR REPLACEMENTS ________________________________

NAME OF PARENT ____________ AGE ___ OCCUPATION ______

NAME OF PARENT ____________ AGE ___ OCCUPATION ______

NO. OF SIBLINGS ____________ NO. LIVING AT HOME ______

FAMILY THERAPIST ________________________________

OFFICE USE ONLY

Date Opened __/__/__ Discharged ______ Date graduated __/__/____ (Closed)

Reason ______

	Date	Staff	Action
Initial Contact			
Initial Client Contact (Family Diagnostic)			
Intake Forms Returned			
Screening			
Disposition			
If Rejected, Reason			

Persons Associated with Case

Name	Title	Phone

Action to be Taken:

Place recent photograph of applicant here

APPENDIX C-2

Authorization for Medical Services

In the case of an emergency, illness, accident or injury, I/We hereby authorize the ______________ Group Home to take, at its discretion, any action necessary for the health and welfare of my/our child ______________________________, while is in residence at the Center.

I/We also authorize any and all medical bills, including prescriptions, to be billed to me/us, the undersigned.

My/Our policy number is ______________________________

Type of policy ______________________________

I/We have a medical and surgical hospitalization plan Yes __________
No __________

Family or child's physician ______________________________

Address and phone # ______________________________

The last time child was seen by physician ______________________________

My/Our child is now being treated for ______________________________

My/Our child has had a history of the following: ______________________________

____

Signed ______________________________

Relationship ______________________________

____

Permission to participate in Activities

I/We also grant permission for ______________________________ to participate in any extra-curricular activities such as field trips, sports, and outdoor work responsibilities such as yard work and gardening while in residence at the Group Home.

Signed ______________________________

Relationship ______________________________

PARENT OR GUARDIAN FILL IN THE FOLLOWING INFORMATION:
Name: ______________________________
Address: ______________________________
Telephone: ______________________________

APPENDIX C-3

Intake Interview Form

IDENTIFICATION

Interviewer ______________________
Name ____________________________ Counselor ______________________
Age ___________ Sex ___________ Time of Interview ______________
Birthdate ________________________
Ethnicity: White Black Spanish Speaking Oriental
American Indian Other: ______________________
Religion _________________________ Date In ______________
Ht.____ Wt.____ Eyes____ Hair _____ Date Out ______________
Parents' Name ____________________
Address __________________________ Phone: Home ______________
__________________________ Work ______________

AGENCY CONTACT Has individual been associated with: Other agencies, hospitals, etc. List possible contacts (doctors, social workers, etc.).

Name:
Position:
Agency:
Address:
Phone:

Name:
Position:
Agency:
Address:
Phone:

Name:
Position:
Agency:
Address:
Phone:

Name:
Position:
Agency:
Address:
Phone:

Is individual currently under a State Agency?

______ DFCS
______ DYS

______ CINS
______ BCS

______ Other
Specify:
____

JURISDICTION

Did counselor speak with parents/worker? ____________

Was permission granted to stay at home? ____________

Under whose authority was the youth placed here? ________

Conditions of Placement:

FAMILY STRUCTURE / LIVING SITUATION

Original Family (Natural)	Current Family (other than natural)
_____ INTACT	____INTACT
____Stable	____
____Unstable	____
____Uncertain	____
_____ BROKEN (give dates)	____BROKEN
____Single Parent	____
____Divorce	____
____Separation	____
____Death	____
____Other	____

Father's Age_____
Mother's Age_____

Father remarried_____
Mother remarried_____

Father's occupation________________
Mother's occupation________________

Do Parents use alcohol? How often/much?

Father________________________________

Mother________________________________

Comments:

Individual lives with:

1) FAMILY-natural

- ____Father ____Stepf
- ____Mother ____Stepm
- ____Both (natural)
- ____Legal Adoption
- ____Relatives, specify: ________________
- ____Other

2) CURRENT PLACEMENT

- ____Foster Home
- ____Group Home
- ____Residential treatment center
- ____Boarding school
- ____Correctional institutional
- ____Other

______# of children in Family NATURAL

Sex:
Age:

______# of children in Current Placement

Sex:
Age:

PREVIOUS PLACEMENTS

Number of prior placements__________

PLACEMENT	AGENCY	WORKER	WHEN?	WHERE?	FOR HOW LONG?	WHY LEFT?

(over for more information)

PRECIPITATING EVENT:

_____Institution
_____School
_____Drug related
____Trouble w/law
____Physical Abuse
____Family Argument
____Group runaway #___
____Other______________
____Unknown

REMARKS:

LONG TERM REASON:

____Parent/child conflict
____Sibling/child conflict
____Placement
____Personal problems
____School problems
____Unknown
____Other,_______
____

REMARKS:

LEGAL

Has a warrant been issued?______When?_________Where?___________________
Has a missing persons bulletin been issued?_________ ___________________
Is individual currently awaiting court?_________ Give date and charges
____ ______________________
Does individual have previous court history?_________ Give charges and disposition____
____

DRUG INVOLVEMENT

Drugs used: List three most significant____________________________

Drug History: Any information that may be helpful to know__________

____

____

NATURE OF INVOLVEMENT

_____None

_____Infrequent use

_____Frequent use

_____Dependency

_____Addiction

SIGNIFICANCE OF DRUG USE

_____Major problem

_____Contributing factor

_____Concurrent condition (not significant)

_____Not applicable

COMMENTS:

____

MEDICAL INFORMATION

Present medication being used:______________________________________

History of recent illness:____

Medical services sought and received at Place?______________________

____

____

INTAKE NARRATIVE

SCHOOL: Include where, present grade, when dropped out, school difficulties and strengths, etc. Please include home room number.

PEER GROUP RELATIONS:

HOME ENVIRONMENT: Please state individuals' relationship with parents and siblings, along with other information that is felt to be significant.

CLIENT EXPECTATIONS

What changes in her/his life situation would this person like to make in the immediate future? (PLEASE DO NOT SUGGEST OPTIONS.) We are interested in the clients' ideas.)

How does individual expect home to be helpful? (PLEASE DO NOT SUGGEST OPTIONS.)

HOME EXPECTATIONS

Explain jobs, rules, activities, groups, meeting with counselors, etc. Please comment on individuals reaction to these responsibilities and possible problem areas.

SERVICES ANTICIPATED DURING TWO WEEK STAY? (Possible plan and goals)

GENERAL IMPRESSIONS: Statement of clients strength and needs based on history and behavior during interview. Your own perceptions of the mood and temperament of the individual along with your recommendations will be extremely helpful.

This form was developed by:
Place House, Inc.
402 Malborough Street
Boston, Massachusetts 02115

Modifications have been made for the purposes of this manual

____
INTERVIEWER'S SIGNATURE

APPENDIX C-3 (Continued)

Social History Checklist

Name
Address
Telephone Number
Sex: Ethnicity: (as identified by juvenile)
Person to be Contacted in Emergency:
(Name, Address, Telephone Number)
Family Doctor: Address, Telephone

FAMILY

Father's Name, Address, Telephone
Mother's Name, Address, Telephone
Father's Occupation
Marital Status
Most Recent Placement or Living Situation of Juvenile
Number of Brothers, Sisters
Number of Siblings at home
Interviewer's Assessment of Family Relations
Interviewer's Assessment of Family Relations with Siblings

EDUCATION

Last Grade Completed
Last School Attended
Cumulative Grade Average
Attendance at School
Attitude about School
Educational Problems (learning disabilities, language barriers, etc.)

REFERRAL SOURCE:

Self, Parent(s), Juvenile Court, Institution, etc.
Social Service Agencies Presently Working with Juvenile
Specialized Problems Such as: Alcohol Abuse, Drug Abuse, Learning Disabilities, Emotional Problems, Physically Handicapped, Runaway Problems.

COMMUNITY INVOLVEMENT

-Recreational
-Religious
-Social

OCCUPATIONAL SITUATION (if any):

-Formal employment
-Job training
-Interest in after School Work

EMOTIONAL/PSYCHOLOGICAL HISTORY

- -Psychological Testing Results, If Any
- -Counseling Services (Past and Present)
- -(Individual or Group)

COURT INVOLVEMENT

- -If Court Records Are Available, Attach
- -If Not, Arrest and Court History
- -Current Legal Status

141

APPENDIX C-4

Family Diagnostic Interview Form

I. Presenting Complaint

Each family member describes the circumstances which have led to the youth being here today. What went wrong?

II. History of problematic adjustment

One family member gives a chronological summary of major events at home, school, etc., as they contribute to the current problem.

To include:
- A. Drug history (what drugs - when - how much)
- B. Social history (female-male friendships/activities)
- C. School history
- D. Family history
- E. Health history
- F. Other

III. Family relationships/atmosphere

Each family member answers: "What is it like for you to live in this family?" "What is the general tone at home?"

IV. Family structure - history
- A. The parents
  - 1. Mother
  - 2. Father
- B. The marriage
- C. The children

V. Program expectations

Each family member describes what he/she hopes the program can offer the referred youth and the family.

Family Diagnostic Interview

I. Presenting complaint

II. History of problematic adjustment

who gives it? ____________ how? ____________

who interrupts? ____________

Drugs ____________

Social ____________

School ____________

Family ____________

Health ____________

Notes: ____________

III. Family relationships/atmosphere

____

____

____

____

____

____

Specific observations: personal notes - interactions

____

____

____

IV. Family structure - history

Mother______________Age_____Born____________________

#_____in family of_____________Occupation_________Role_______

Education______________why stopped____________________

Father_____________Age_____Born____________________

#_____in family of______________Occupation________Role_______

Education_____________ why stopped____________________

How did they meet?____________________________

When-where-why married?

Mother____________________________________

Father____________________________________

Previous marriages - children - what went wrong?

Mother____________________________________

Father____________________________________

Separation(s) when?____________________________

why? ____________________________

Children

1. ____________________ Age ________ Education level ________________

Special interests ____________________ Problems ________________

(other)

2. ____________________ Age ________ Education Level ________________

Special interests ____________________ Problems ________________

(other)

3. ______ ____________ Age ________ Education Level ________________

Special interests ____________________ Problems ________________

(Other)

Others at home or away: ____

V. Program Expectations:

Mother ____________ : ________________________________

Father ____________ : ________________________________

________________ : ________________________________

________________ : ________________________________

________________ : ________________________________

This form was developed by:
Karma Academy for Boys
175 Watts Branch Parkway
Rockville, Maryland 20850

APPENDIX C-5

Medical History and Physical Examination Record

Instructions: Applicant completes Parts I and II. Physician completes and signs Part III.

Part I. General Information

1. Name____

2. Home address____________________________________

____

3. Home telephone__________________________________

4. Birthdate_________________Birth place__________________

5. Present age_____________________________________

6. Family physician________________________________

Address_______________________________________

Telephone______________________________________

7. Person to be notified in case of emergency_________________

_________________________ Telephone__________________

Address_______________________________________

Relationship____________________________________

Part II. Drug Experience

List below the kinds of drugs you have taken, when you started, how you were introduced to them (friend, relative, schoolmate, etc.), and how long you have used them. If you were on several kinds of drugs at the same time, place a star (*) by the dates.

DRUGS	WHEN STARTED	HOW INTRODUCED	HOW LONG ON THEM

Part II (continued)

Have you ever dealt or pushed drugs?

What drug did you like the best?

Why?

What drug did you like the least?

Why?

Can you tell us anything about your drug experience that you think is important?

PART III. Physician's Examination

Background for the physician: The group home is an intensive family oriented residential treatment center for adolescent males ages 14 to 18. The treatment program is a total therapeutic milieu in which are included a daily academic program, the development of vocational aptitudes and skills, an intensive and physically demanding outdoors program, the development of work skills and responsibility and a regular schedule of individual, group and family therapy.

A. Medical Examination

1. Applicant's birthdate ____________________

2. Height ________ Weight __________ BP ____________ P ____________
(Overweight ( ) Underweight ( ))

3. General appearance: ____________________

4. General health and nutrition:

Skin ____________________

Lymph nodes ____________________

Eyes ____________________

Nose ____________________

Mouth and throat ____________________

Neck ____________________

Thorax and lungs ____________________

Heart ____________________

Abdomen ____________________

Extremities ____________________

Feet and ankles ____________________

Knees ____________________

Peripheral vessels ____________________

Back ____________________

Urinalysis ____________________

Hemoglobin ____________________

E.K.G. ____________________

Thyroid ____________________

Hernia ____________________ CNS ____________________

Scars ____________________ Genitalia ____________________

PART III (continued)

B. Medical history

If the patient has had any of the following conditions or is currently experiencing them, please put a check next to the number and give details on the next page.

1. Any problem with vision or hearing; requires glasses or hearing aid. If so, what is the prescription and where was it made.
2. Problems with teeth; use of denture or bridge.
3. Dizzy spells, fainting, convulsions, persistent headaches.
4. Motion sickness.
5. Frequent infection of throat, tonsils, sinuses, ear.
6. Chronic cough, bronchitis, bloody sputum.
7. Shortness of breath, or asthma on exertion.
8. Chest pains on exertion or deep breathing.
9. Palpitation of the heart, irregular heart beat or heart murmur.
10. Chronic low blood pressure or high blood pressure.
11. Frequent nausea or vomiting, food intolerances, heartburn.
12. Jaundice or hepatitis.
13. Frequent diarrhea or blood in the stools.
14. Frequent abdominal cramps.
15. Difficulty urinating, burning or pain on urination, frequency in urinating, bed wetting.
16. Kidney infection or stones.
17. Chronic pain in neck, back, shoulders, arms or legs.
18. Broken bones, joint dislocation, serious sprains, weaknesses of muscles.
19. Joint pain, swelling or stiffness without injury.
20. Any severe injury to head, chest, internal organs.
21. Severe illness requiring hospitalization or prolonged incapacitation.

PART III, B (continued)

22. Chronic skin problems (rash, infection).

23. Allergy to medicines, foods, materials, insect bites.

24. Reaction to extremes of temperature.

25. Dislike of closed-in spaces, large open spaces, heights.

26. Continuing use of alcohol, drugs, or medicines.

27. Episodes of depression, anxiety, hysteria, nervousness.

28. History of diabetes, thyroid trouble, bleeding problems.

29. Currently on medication? If so, what?

30. Special dietary requirements.

Details:

This form was prepared by:
Karma Academy for Boys
175 Watts Branch Parkway
Rockville, Maryland 20850

Medical History Checklist

Name
Address
Telephone number
Name of doctor/clinic   Address, Telephone

PERSONAL HISTORY

Allergies
Appendicitis
Chickenpox
Diabetes
Heart Trouble
Hearing Problem
Tuberculosis
Venereal Disease
Whooping Cough
Other

Kidney Trouble
Measles-Regular
German
Mumps
Muscle or nerve disorder
Pneumonia
Scarlet Fever
Seizures
Tonsillitis

MEDICATIONS NEEDED OR USED (including birth control):

DOSAGE, KIND, PURPOSE:

Special conditions to be watched for such as allergy, bed wetting, fainting:

- First time doctor has seen patient.
- Number of times he/she has had physical examinations - give dates.

Immunizations - (with dates)

Polio
Smallpox
Pep-Tet-Dipth.
Tetanus
Measles
Rubella
Other

DRUG EXPERIENCE

Use of drugs, type, when, treatment history:

LABORATORY TESTS (dates, results):

Tuberculin
Chest X-Ray
Serology
Hemoglobin
Urinalysis

PHYSICAL EXAMINATION

Weight, Height, Blood Pressure:
Findings/Recommendations:

DENTAL PROBLEMS, EYE/EAR PROBLEMS:

NEED FOR ANY FURTHER EXAMINATION BY A SPECIALIST:

APPENDIX C-6

Resident's Agreement

In order to have a calm and peaceful environment, we all need to know what is expected from one another. If we can be clear on our expectations, then nobody will have to hassle anyone or be hassled. In order to live peacefully together, we need to be honest and open with one another.

WHAT YOU CAN EXPECT FROM US

You can expect from us a safe and legal place to stay. You can expect us to keep all information about you completely confidential.

To assist you in meeting the goals of your action plan, you can expect us to provide a counselor to help you develop your plans and bring them to completion. You can expect the other counselors to help you work on your plans and you can expect us to know what resources are available and the ways to help you in dealing with your situation.

WHAT WE EXPECT OF YOU:

We expect our household to run smoothly. We expect that you will take control of your situation and that you will deal with it. We expect you to respect and act on your agreement and your contract and to be a responsible member of our community. Should you decide after your first night to be a part of our program, we expect you to really begin working on your problem and its solution and to be able to show us why you need to stay longer. This includes a plan contract. If your plan is approved, an extension will be given with a day to day review of your progress. We expect you to respect the physical property of the House, as it is a home for you and others in your situation. We expect you to respect our efforts to help you and others in our home.

It is the job of the staff to make your stay at the program successful. We want you to have a better life and to help you work some things out. However, change is also your responsibility and a positive and optimistic outlook is very important. We are glad you have chosen to be a part of the program. Let's all have a good and successful time learning, sharing and working with each other.

(NAME) ____________________ is here to help you to help yourself. We will provide food, shelter, and people who will listen. We will ask you to help us by sharing the household duties (cooking, cleaning, etc.) and by taking the time to work on your problems and plan for your future.

Rules: NO DRUGS, ALCOHOL, VIOLENCE, SEX, OR STEALING. All will result in your leaving the program.

Meals: Breakfast - 7:30
Lunch - noon
Dinner - 6:00

If you are not here for a meal and you have not made other arrangements, you must wait until the next meal.

Curfew: Weekdays - 9:00
Weekends - 12:00 (Friday and Saturday)

Bedtime: 11:00, Weekdays 1:00, Weekends

I ________________________ understand the rules and the program and
(Name)

wish to become involved. I will follow the rules and do my share to make sure the program runs smoothly.

Date_________________________ Name_________________________________
Signature

We all work together.
Take responsibility for your own actions
and we will work for you!

157

APPENDIX C-7

Treatment Plan/Contract

(Resident's Name)____________________________ (Date)________________

What are your strengths?

What are your weaknesses?

What problems are you having in your life?

What do you need to help solve these problems?

Where do you want to go from here?

Objective	Completion Date
1. Objectives at home:	
2. Objectives at school/work:	
3. Objectives with friends:	
4. Other personal objectives:	

What steps can you take to meet your objectives?

Steps	Completion Date
1. Home:	
2. School/Work	

3. Friends:

4. Personal:

Who or what else can help you complete these steps?
How will they help?

I, (resident's name)________________, have talked about my strengths, weaknesses, problems, needs, and objectives. I recognize that this is my plan and that I am responsible for carrying through on it.

Signature ____________________________

Date ________________________________

I, (counselor's name)________________, have discussed this plan with

(resident)________________________ and recognize that I and the

(organization's name)________________ are responsible for designated tasks.

Signature____________________________

Date________________________________

APPENDIX C-8

Descriptive Treatment Plan

Client Name________________________________ Date Prepared________________

Date discussed with client ________________

Treatment Goals and Objectives: Check each goal that applies and write in others as needed. Next to each goal, fill in the date by which you think the goal can be reached.

	Check	Goal	Reached By What Date? (Month & Year)
Drugs:	_____	Stop using drugs (name types ______________________________)	________, 19___
	_____	Other (specify)____________________ ____________________________________	________, 19___
School:	_____	Improve school attendance	________, 19___
	_____	Improve grades	________, 19___
	_____	Return to school	________, 19___
	_____	Get GED (High school equivalency)	________, 19___
	_____	Ask for help from school guidance counselor	________, 19___
	_____	Get reading or other testing	________, 19___
	_____	Get tutoring	________, 19___
	_____	Other (specify)____________________	________, 19___
Family:	_____	Decrease arguments and disagreements with family members (name family members involved____________ ______________________________)	________, 19___
	_____	Decrease client discipline problems	________, 19___
	_____	Increase level of care given to children	________, 19___
	_____	Move back to family home	________, 19___
	_____	Leave family home to live elsewhere	________, 19___
	_____	Have family members accept family counseling (name members wanted in counseling____________________) how often________	________, 19___
	_____	Other (specify)____________________	________, 19___

	Check	Goal	Reached By What Date? (Month and Yr.)
Job:	_____	Get a job	______, 19___
	_____	Enroll in job training	______, 19___
	_____	Improve attendance on present job	______, 19___
	_____	Decide job goals and preparation needed	______, 19___
	_____	Enroll in Neighborhood Youth Corps	______, 19___
	_____	Get job/vocational testing	______, 19___
	_____	Other (specify)____________________ ______________________________	______, 19___
Relations with friends and community:			
	_____	Participate in community center activities (at least_______ times a week)	______, 19___
	_____	Participate in individual counseling sessions_____times a week at _____ (place) at ____________________ (time and day of week) with_________ ______________(counselor name)	______, 19___
	_____	Participate in group counseling ______________ (how often) at ______________ (place) at __________ ________________ (time and day of week	______, 19___
	_____	Participate in the following community activities (specify)_________________ ______________________________ ______________________________	______, 19___ ______, 19___ ______, 19___
	_____	Participate in Indian cultural program (specify which one) _________________ ______________________________	______, 19___
	_____	Other (specify) ______________________ ______________________________	______, 19___

Treatment Approaches to be Used: Check all that apply, and fill in how often and when to start.

Check	Treatment	How Often (Times per wk.)	Starting When (Month and year)
Primary Treatment:			
_____	Individual Counseling	_____	_____, 19___
_____	Group Counseling	_____	_____, 19___
_____	Family Counseling	_____	_____, 19___
_____	Community Center participation	_____	_____, 19___
Support:			
_____	Mental/dental examination		_____, 19___
_____	Medical treatment	_____	
_____	Psychological testing and diagnosis		_____, 19___
_____	Reading testing for education		_____, 19___
_____	Job training (specify source or type) _____ _____ _____		_____, 19___
_____	Education (specify where _____	_____	_____, 19___
_____	Alcohol program	_____	_____, 19___
_____	Other (specify) _____ _____ _____	_____	_____, 19___

Action by Counselor:

		By What Date?
_____	Meet with school counselor	_____, 19___
_____	Meet with other school personnel (specify whom) _____	_____, 19___
_____	Meet with alcohol program staff	_____, 19___
_____	Meet with rehabilitation staff	_____, 19___
_____	Meet with health program staff (specify whom) _____	_____, 19___
_____	Other (specify) _____ _____	_____, 19___

APPENDIX C-9

Case Note Form

1. Identified client problems and needs

2. Identifiable client processes during the session

3. Client's reaction to counselor's feedback on processes

   Favorable___ Unfavorable___

   Comments:

4. Activities agreed upon to solve the problem

   Counselor activities:

   Client activities:

5. Time Schedule

   Counselor:

   Client:

163

APPENDIX C-10

Current Resident Questionnaire

Unit ____

Months in Treatment ______________ Any Prior Treatments Yes_____ No_____

First Admission to the Program? Yes_____ No_____

I. Services Received to Date

	YES	NO	N/D
A. General Physical Examination	_____	_____	_____
B. Direct Medical/Surgical Service	_____	_____	_____
Specify________________________			
C. Individual Counselling/Therapy	_____	_____	_____
Total Months _____ _____ _____			
D. Group Counselling/Therapy	_____	_____	_____
Total Months _____ _____ _____			
E. Family Counselling/Therapy	_____	_____	_____
Total Months _____ _____ _____			
F. Educational Program/Counselling	_____	_____	_____
Specify Type__________________			
G. Vocational Training Program	_____	_____	_____
In the Program itself _____ Outside the Program _____ Specify type of training ______________________________			
H. Direct Referrals			
Medical	_____	_____	_____
Social	_____	_____	_____
Vocational	_____	_____	_____

Age_____ Sex_____ Ethnicity_______________ Marital Status_____________

II. Employment

	YES	NO	N/D
A. Employed at time of Admission	____	_____	_____
B. Employed Presently	_____	_____	_____

A. Job__________________________

B. Job__________________________

Salary_________ Duration__________

III. Attitude Towards Program

A. What one thing do you find most helpful?

1. _____Individual Therapy
2. _____Group Therapy
3. _____Vocational Guidance
4. _____Education
5. _____Vocational Training
6. _____Seminars: Specify ___________________________
7. _____Other: Specify ______________________________

B. How helpful do you find the following things in the Program to be?

	Very Helpful	Somewhat helpful	Not very helpful	Didn't do anything for me	Harmful	Didn't participate
1. Total Program						
2. Individual Therapy						
3. Group Therapy						
4. Educational Program						
5. Vocational Training						
6. Informal talks with staff						
7. Informal talks with residents						
8. Other						

C. Which of the following are you getting help for:

	Got Lots of Help	Got Some Help	Got None	Had No Problems
1. Drug Use				
2. Psychological/ Emotional Problems				
3. Family Relationships				
4. Financial Problems				
5. Occupational Problems				
6. Educational Problems				
7. Legal Problems				
8. Other: Specify				

D. What changes took place because of the program in the following areas?

	Positive	Stayed the Same	Negative
1. Freedom from drug abuse or reduction in drug abuse			
2. Positive change in criminal behavior			
3. Positive change in social stability			
4. Positive change in family solidarity			
5. Positive change in vocational adjustment			
6. Positive change in educational adjustment			
7. Improvement in health			
8. Improvement in mental health and positive change in psychological adjustment			
9. Positive change in moral maturity and religious commitment			

167

E. What do you feel the Program lacked?

	Lacked a Lot	Lacked Some	O.K.
1. Adequate Educational Programs			
2. Adequate Vocational Programs			
3. Good Individual Therapists			
4. Good Group Therapists			
5. Personal Attention to the Residents			
6. Confrontation of people's problems			
7. Staff who really understand			
8. Equal treatment of all residents			
9. Adequately enforced rules and regulations			

F. Is there one specific staff member who helped you a lot?

YES _____ NO_____

Specify: ____
(Job title, not name)

IV. Release Information

A. Do you feel that the program is adequately preparing you to handle your problems in any situation?

_____ 1. Yes, definitely

_____ 2. Yes, somewhat

_____ 3. Not sure

_____ 4. No, probably

_____ 5. Definitely no

B. How do you feel about returning to your family or community?

_____ 1. Yes, definitely want to return

_____ 2. Yes, willing to give it a try

_____ 3. Not sure

_____ 4. No, not eager to try it

_____ 5. No, definitely

V. Relationships with others

A. How do you get along with Staff?

_____ 1. Very well

_____ 2. Somewhat well

_____ 3. Not too well

_____ 4. Poorly

B. How do you get along with other people in the program?

_____ 1. Very well

_____ 2. Somewhat well

_____ 3. Not too well

C. How often do you have contacts with your family while in the program?

_____ 1. Frequently

_____ 2. Occasionally

_____ 3. Infrequently

_____ 4. Never

_____ 5. No family

D. Have you volunteered for any special programs?

YES _____ NO _____

(Briefly describe:) ______________________________

____

____

VII. Situation of Interview

A. Date ____________________________

B. Interviewer ______________________________________

C. Time interview began ____________ Ended ____________________

D. Place ____

E. Any interviewer comments: ______________________________

APPENDIX C-11

Former Resident Questionnaire

Program ______________________________

Status: Completed the program/Graduated ______________

Discharge/Mandatory ______________

Split ______________

Total months in treatment ________ Date Left ________

First Admission to this program YES____ NO____

Any prior programs YES____ NO____

Specify types of programs ______________

____

____

Age____ Sex____ Ethnicity ________ Marital ________

SERVICE	YES	NO	N/D
General Physical Examination	____	____	____
Individual Counselling/Therapy	____	____	____
Total months ________			
Group Counselling/Therapy	____	____	____
Total months ________			
Family Counselling/Therapy	____	____	____
Total months ________			
Educational Program/Counselling	____	____	____

Specify type ______________________________

	YES	NO	N/D
Vocational Training Program	____	____	____

In the program ____

Outside the program ____

Specify training ____________________________________

Direct Referrals'

	YES	NO	N/D
Medical	____	____	____
Social	____	____	____
Vocational	____	____	____
__________	____	____	____

II. Employment

	YES	NO	N/D
1. Employed at admission?	____	____	____

Job__________________

Salary________ Duration__________

	YES	NO	N/D
2. Employed during program?	____	____	____

Job__________________

Salary ________ Duration__________

	YES	NO	N/D
3. Employed at termination?	____	____	____

Job__________________

Salary________ Duration__________

	YES	NO	N/D
4. Employment since termination?	____	____	____

Job__________________

Salary________ Duration__________

III. Attitude Towards Program

A. What one thing did you find most helpful?

1. _____ Individual Therapy
2. _____ Group Therapy
3. _____ Vocational Guidance
4. _____ Educational Program
5. _____ Vocational Training
6. _____ Informal Talks
7. _____ Other: Specify ____________________
____
____
____

B. How helpful did you find the following things in the program to be?

	Very Helpful	Some-what Helpful	Not Very Helpful	Didn't do Anything for Me	Harm-ful	Didn't Parti-cipate
1. Total Program						
2. Individual Therapy						
3. Group Therapy						
4. Educational Program						
5. Vocational Training						
6. Informal talks with Staff						
7. Informal talks with Residents						

C. Which of the following do you feel you got help for?

	Got lots of help	Got some help	Got none	Had no problem
1. Drug use				
2. Psychological/ Emotional Problems				
3. Family Relationships				
4. Financial Problems				
5. Occupational Problems				
6. Educational Problems				
7. Legal Problems				
8. Other: Specify				

____

____

____

171

D. What do you feel the program lacked?

	Lacked a lot	Lacked some	O.K.
1. Adequate Educational Programs			
2. Adequate Vocational Programs			
3. Good Individual Therapists			
4. Good Group Therapists			
5. Personal Attention to the Clients			
6. Confrontation of People's Problems			
7. Staff who really understands drug users			
8. Equal treatment of all residents			
9. Adequately enforced rules and regulations			

E. Is there one specific staff member who helped you a lot?

YES______ NO______

Specify: ____
(job title, not name)

F. Do you feel that the program adequately prepared you to deal with your own problems and with society's demands?

_____ 1. Yes, definitely

_____ 2. Yes, somewhat

_____ 3. Not sure

_____ 4. No, probably

_____ 5. Definitely no

G. How did you get along with staff?

_____ 1. Very well

_____ 2. Somewhat well

_____ 3. Not too well

_____ 4. Poorly

H. How did you get along with other people in the program?

_____ 1. Very well

_____ 2. Somewhat well

_____ 3. Not too well

_____ 4. Poorly

IV. Have you used any drugs since leaving treatment?

	Yes	No	No Data
Heroin	_____	_____	_______
Marijuana	_____	_____	_______
Barbituates	_____	_____	_______
Cocaine	_____	_____	_______
Speed	_____	_____	_______
Alcohol to excess	_____	_____	_______

How long after leaving the program before you used any drugs?

____________ weeks ____________ never used

V. Have you been arrested or detained since leaving the program?

YES _____ NO _____

Date	Check If Just Detained (Charge)	Disposition	Drug Related	Was This a Legitimate Arrest

Have you been in trouble with the police since you left the program?

YES _____ NO _____

(IF Yes)

	Stopped on Street	Police Came to Home
Questioned about behavior		
Searched		
Questioned about others' behavior		
Questioned about commission of crimes by self		
Questioned about commission of crimes by others		
Other		

VI. Social Relations

A. Friends

1. Do you have friends who have similar problems? YES_____ NO_____

2. Do you have friends who had same problems? YES_____ NO_____

3. Do you have any really close friends now? YES_____ NO_____

4. Do your close friends know of your problems?

All____ Most____ Some____ None____ N/D____

VII. Agency Contacts

Have you sought help from the program since leaving?

_____ 1. No

_____ 2. Yes, to get a job

_____ 3. Yes, for help in filling out a form, Welfare referral, job application, etc.

_____ 4. Yes, for help with emotional problem

_____ 5. Yes, to help somebody else with any problem (including drugs)

_____ 6. Other (Specify) ________________________________

Have you worked as a volunteer in any community program since your release?

YES_____ NO_____ (If Yes) 1. _____Own Program
2. _____Other

Since leaving the program, did you offer help or advice concerning someone elses' problem?

YES_____ NO_____

(If Yes)

_____ 1. Asked for factual information about problem

_____ 2. Gave advice to troubled relative

_____ 3. Gave advice to troubled frined

Have you referred anyone to a treatment facility? YES_____ NO_____

Situation of Interview

A. Date_______________________________

B. Interviewer________________________

C. Interview Length___________________

D. Place______________________________

E. Any interviewer comments______________________________

____

APPENDIX C-12

Aftercare Needs Assessment

Client's name ____________________ ( ) Runaway, ( )Parent, or ( )Sibling of runaway

Briefly describe problem which brought client to program ________________________

____

Has client been involved in the program before? ( )Yes ( )No

If so, approximately how long ago? ________________________

Check the services provided before aftercare needs assessment:

( )Emergency shelter
( )Family counseling
( )Group counseling
( )Individual counseling
( )Other ________________________
____

How long between client's arrival and aftercare needs assessment? ______________

Check the primary reason that aftercare needs assessment is occurring now:

( )Crisis resolved
( )Standard procedure
( )Time limit on residence
( )Other ________________________

Check the method of aftercare needs assessment used with this client:

( )Family session
( )Individual session
( )Counselor without client
( )Other ________________________

Is contract-setting part of the aftercare needs assessment process for this client?

( )Yes
( )No

Check the Aftercare services this client needs:

( )Alcohol services
( )Alternative living placement
( )Big Brother/Sister
( )Class advocacy services to get started a service currently unavailable which this client needs
( )Class advocacy services to increase the accessibility of a service client needs
( )Follow-up contact
( )Group counseling
( )Group/foster home
( )Individual counseling
( )Intensive psychiatric care
( )Legal services
( )Medical services
( )Recreation
( )Special school services
( )Streetwork/outreach

( )Class advocacy services to make the community more responsive to the client's needs

( )Drug services

( )Employment services

( )Family counseling

( )Financial assistance

( )Other ______________________________

____

How serious is the client's situation? ( )Problem probably will not recur, or ( )Problem may recur, or ( )Problem almost certain to recur.

Does the client agree that he/she needs the aftercare services checked above? ( )Yes or ( )No. If not, please explain this disagreement briefly:

____

____

Is this client likely to become involved in recommended aftercare services?

( )Certainly ( ) Probably ( ) Unlikely

If client is unlikely to seek aftercare, please discuss his/her reasons briefly:

____

____

Name of staff completing assessment ______________________ Date __________

APPENDIX C-13

Resident Referral Form

Agency to which referral is being made

____

Date client referred ________

Client's Name ______________________________

Date client came to program ______________________________

Client's Address ____________________ Phone ____________

Age ____________

Brief description of client's situation:

Brief description of client's needs:

Service(s) needed: ______________________________

____

____

Future contact planned:

Contact Person: ______________________________

I understand and agree to have the (Name of the program) give the above information to this agency.

Client's signature ____________________
Parent's signature ____________________
Date ____________________

APPENDIX D

In-Depth Evaluation

The way a group home operates (the success or failure; its program effectiveness, adequacy, impact and efficiency) is greatly influenced by factors within its own setting and by factors outside the program. Second level evaluation examines both the internal and external environments for reasons why the program is operating the way it is.

Analysis of the external environment includes analyses of (1) the factors which have direct or indirect influence on the program (2) the interrelationship between each of the external factors and the program, and (3) how the interrelationship between external factors affects these factors' relationships with the program.

Some of the factors that typically have a bearing on the group home are listed below.

Local Community

- neighborhood public opinion
- interested individuals in the neighborhood
- organized neighborhood groups
- families and parents who are directly involved

Larger Community

- public opinion
- interested individuals and potential support
- families and parents directly involved
- significant others directly involved
- business community
- professional organizations
- associations and civic groups
- community action groups
- church groups

- funding sources
- potential funding sources

Government (local, state, federal)

- fire, health, safety codes and ordinances
- laws, regulations, standards
- supervising agencies and other government bodies
- agencies and organizations participating in the program, e.g., providing a service, receiving referrals, sending referrals, etc.
- appointed and elected officials
- funding sources

Alternative Community Resources

- other group homes
- alternative programs and services
- educational, cultural, recreational organizations
- organizations and activities

Media

Schools

An evaluation manual entitled Program Monitoring and Self-Evaluation for Runaway and Youth Service Programs, available from the National Youth Work Alliance, 1346 Connecticut Avenue, N.W., Washington, D.C. 20036 identifies three general areas under which internal factors which play a significant role in the success or failure of the program can be organized. These areas are identified and described below.

- Program organization and structure should be considered in an in-depth evaluation. Factors to be considered can be divided into three categories: program organization, physical plant, and operational support. Listed below are some of the factors within each one of these categories which may be included in an evaluation.

1. Program Organization

   management hierarchy
   accounting system
   client information system
   organizational bylaws, policies and procedures
   Board of Directors involvement
   internal management and information
   recordkeeping system
   citizen involvement
   staff positional relationships
   staff functions
   comprehensiveness and specificity of job descriptions
   decision making and division of responsibilities
   interfacing of program components
   matching of people to appropriate line and staff
     positions

2. Physical Plant

   facility layout
   environmental conditions
   availability of program activity space
   adequate staff work space
   time out space for staff and clients
   aesthetic quality of living environment for
     client residents

3. Operational Support

   the number of staff
   types of staff members
   equipment available for use by staff and/or clients
   volunteer support
   level of funding support
   client/staff ratio
   timely availability of goods and services required
     by the program
   consultant support
   availability of information in a timely fashion

- Processes and procedures define (1) the short and long term activities making up program operation, (2) the interrelationship between various operational components and activities, and (3) the manner in which these contribute to objective achievement. They should be evaluated to determine their role in the success or failure of the program. Some of the areas and aspects that can be considered are:

1. Program objectives and activities statements -- which are reviewed for:

    - completeness
    - appropriateness
    - level of specificity
    - comprehensiveness
    - measureability
    - auditability
    - timeliness
    - staff perception of their validity
    - congruence between published goals and actual working goals

2. Needs assessment activities -- how well did it:

    - determine a need for the program
    - specify the unmet needs of the target population
    - clarify demographically the target population
    - identify appropriate resources
    - assess the feasibility of the program modality

3. Planning activities -- reviewed for appropriate:

    - allocation of resources
    - selection and implementation of technologies for reaching program objectives
    - spelling out staff functions, personnel policies and procedures

4. Initial client contact activities -- investigated for:

    - appropriate initial recruitment and contact with client population
    - appropriate screening procedure for client eligibility

- clarifying that intended population is truly within the scope of the program modality

5. Service delivery activities -- including:

    - methods of staff recruitment
    - staff training
    - staff performance
    - appropriate matching of clients with staff
    - appropriate matching of clients with service delivery modality

6. Direct planned external influences on the program process -- including such factors as:

    - the clients
    - the Board of Directors
    - the funding sources
    - sister community agencies
    - other community influences
    - the staff

- Personnel organization and environment includes four areas on which an evaluation should focus. These areas and some suggested factors to look at are listed below:

1. Organizational climate:

    - staff's feelings towards goals and organizational problems
    - staff turnover
    - staff needs
    - morale of staff
    - staff confusion as related to job activities
    - staff motivation
    - internal politics of the organization

- staff attitudes toward degree of authority in program coordination
- amount of frequency of staff input through decision making

2. Values:

   - degree of harmony between value systems of those individuals involved with the program
   - Board of Directors' values
   - funding source's values
   - client's or community values
   - staff's values
   - tolerance of different value systems
   - degree of articulation of value systems

3. Communication patterns within organization:

   - manner by which staff are trained
   - staff communication across shifts
   - identification of needed as well as unused information for staff
   - smoothness, timeliness, and comprehensiveness or communication between the program and other agencies
   - communication across staff components
   - public relations
   - availability and utilization of process information for decision making
   - staff and management access to information
   - amount of time for decision approval and implementation
   - communication of evaluation and monitoring feedback

4. Staff performance:

   a) attendance at staff meetings

   b) follow through on tasks

   c) degree to which policies and procedures are adhered to

   d) degree to which training has been accepted and implemented

   e) staff familiarity with client problem situation

   f) degree of professionalism exhibited by staff members

   g) individual staff reviews.

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